

N/A

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Last Revised:

Sutter Health
Sutter Roseville Medical Centerowner: **Next Review:** 2 years after approval Nadera Poirier: Spvr,

Transfusion Services

Lab - Transfusion Service Policy Area:

References:

Applicability: Sutter Roseville Medical Center

## Performing a Weak D Rh Type TS.ANA 10.18-RV

## Performing a Weak D Rh Type

**Purpose** This procedure describes how to perform, interpret and result a Weak D Rh blood type.

## **Policy**

- Weak D testing must be performed on all patients with negative D results in the following situations unless previous valid Weak D typing results have been documented:
- Cord Blood/Neonate <7 days old</li>
- · Prior to performing Fetal Bleed Screen
- Allogeneic BMT (Bone Marrow Transplant) recipient/donor
- A. Previously recorded valid Weak D results will be used in above situations and to resolve discrepancies
- B. The "Interpreting Results" section in this procedure applies to both manual and automated testing method.
- C. Weak D testing may be performed manually using this procedure or on the ECHO analyzer. See Processing Assays on the ECHO Analyzer to perform testing on the ECHO Analyzer

Equipment/ Reagon Supplies	ents/			
	Equi	ipment	Reagents	Supplies
	•	Centrifuge Agglutination viewer Heat block (36-38C) Serological cellwasher	<ul> <li>Anti-D</li> <li>Monoclonal Control</li> <li>0.9% saline</li> <li>Anti-IgG</li> <li>Combs Control Cells</li> </ul>	<ul><li>Test tubes</li><li>Disposable pipettes</li><li>Test tube rack</li></ul>
Specimen Requirements	without sepa	arator gel- minimum	pered tube (preferred) or of 3ml. microtainers or 1.0 ml E	

tuhe	without	separator	വലി
เนมต	without	Scharator	ycı

Quality Con	trol			Daily Reagent Quality Control	
Procedure: Weak D Testing	when the cr	v the steps the patient iteria to det ik D type.	meets		
	Step			Action	
	1.			Obtain the patient tube with the Anti-D from step 8 in Rh blood type procedure or label and dispense 1 drop anti D reagent and 1 drop of 3-5% patient cells into new tube. Place the patient tube into the heat block for 15 minutes.	
	2.			Wash patient Anti-D test from step 1, 3-4 times in 0.9% saline.	
	3.			Add two (2) drops of Anti-IgG and mix.	
	4.         5.			Centrifuge for time posted on centrifuge.	
				Resuspend the cell button and examine macroscopically for agglutination.  Grade and immediately record results.	
6.					
	7.			To all negative tubes, add one (1) drop of coombs control cells and mix gently.	
8.			Centrifuge and read macroscopically.		
	9.			Grade and immediately record results.	
	10.			If coombs control cells are not macroscopically positive, the tes is invalid and must be repeated.	
Additional	Step	Action			
Testing	1.	Follow the	chart b	pelow to determine if additional testing is needed	
		If:	Then:		
		Weak D is Positive ≥1+	/\ 9 N th	Perform an IgG DAT using patient cells.  Note: Record results in the DUC row of Weak D testing wid. See Performing Direct Antiglobulin Test by Tube Method procedure for instructions on how to perform the test.  Proceed to Interpreting Results section	
		Weak D test is Negative	• F	Proceed to Interpreting results section	
Interpreting Results		w the table oret the Wea		st.	

		If			Then
		Patie	nt Test	DAT	
		Weak Positi	( D ive <b>&gt;1</b> +	Negative	<ul><li>Weak D is positive.</li><li>Patient Rh is reported with ETC RHDU</li></ul>
		Weak Positi	( D ive ≥1+	Positive	<ul> <li>Weak D is Invalid</li> <li>Rh is reported as Invalid. Recommend retesting.</li> <li>Transfuse with Rh negative blood until resolved.</li> </ul>
		Nega	tive	ND	<ul><li>Weak D is negative</li><li>Patient Rh is reported as negative.</li></ul>
Repo		results.	J=ND		e DUC row of the testing grid. Use the following table to report
			Report a	as:	
	AHGE	CCD	Interp D	J test=P	
DU	1-4+	J			alt ABO1 and dated free text stating Weak D performed and
DUC	0	1-4+	interpret	ation.	
If preg	gnancy d,				ult with ETC RHSO ed as Rh negative, change Rh type in BAD file to RHDU
	AHGE	CCD	Interp D	J test=N	
DU	0	1-4+			alt with dated free text stating Weak D performed and
DUC	J	J	interpret	ation.	
	AHGE	CCD	Interp D	J test=ICLF	3
DU	1-4+	J	See Rh	discrepancy	/ procedure
DUC	1-4+	J	_		
Relat	ed Doo	ument	żs	Performin Performin	g an ABO Blood Group g a Rh Blood Type by Tube Method g Direct Antiglobulin Test by Tube Method gent Quality Control Procedure
Refer	ences	ľ	Manufactu		t insert Blood Grouping Reagent Anti-D

All revision dates:

## **Attachments**

No Attachments

Approval Sign	natures	
Step Description	Approver	Date
Laboratory Director	Lindsey Westerbeck: Dir, Lab	pending

