**Purpose**

To provides guidelines for performing subsequent workups on patients with atypical antibodies.

**Policy**

Transfusion Services will be investigating full antibody workups and repanel antibody identification based on the following guidelines.

**Procedure:**

|  |  |  |
| --- | --- | --- |
| **If the current ABS is** | **And a previous antibody screen result was** | **Then** |
| **NEGATIVE** | * Negative or
* Not found
 | * Record the results
 |
| * History of identified antibodies
 | * Reconfirm the patient sample and order
* Check the initial antibody investigation date

*(Note: Most clinically significant antibodies should still be reactive if the previous examination is recent)** Repeat the antibody screen if in doubt of initial results, using a second method.
* Have patient redrawn if needed
* If RBCs ordered:
* IAT crossmatch with Antigen negative RBCs
* For surgeries, IAT crossmatch 2 units of Antigen negative, even if only TSCR was ordered.
 |
| **POSITIVE** | * Negative or
* Not found
 | * Perform a full antibody panel workup
* Check patient transfusion history
* If RBCs ordered:
* IAT crossmatch with Antigen negative RBCs
* For surgeries, IAT crossmatch 2 units of Antigen negative, even if only TSCR was ordered.
 |
| * Positive and/or
* History of identified antibodies
* Patient Transfused since last workup, or last workup >2 weeks
 |
| **If the current ABS is** | **And a previous antibody screen result was** | **Then** |
| **POSITIVE** | * Positive and/or
* History of identified antibodies
* Patient not transfused since last workup, and last workup < 2 weeks
* Reaction pattern consistent with previously identified antibodies
 | * Full panel not required
* Run as many Antigen negative cells as are required to rule out all other antibodies.
* Screening cells and donor units are acceptable as selected cells

*Note: Consult with TS Lead if multiple antibodies or difficulties with finding selected cells and if need for referral to PSBC.* |
| **POSITIVE** | * Negative
* Antibody panel panreactive with positive autocontrol
 | * Send sample to reference lab for antibody workup and patient phenotype.
* DAT not indicated
 |
| * History of a broadly reactive/panreactive autoantibody
* Current antibody screen panreactive
 | * Send sample for phenotype if no previous phenotype
* Discuss further workup with Manager / Transfusion Services Physician
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**References:**

AABB Standards for Blood Banks and Transfusion Services, Current Edition.

AABB Technical Manual, Current Edition.