**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:**

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| --- | --- | --- |
| **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 |

**References:**

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

AABB Technical Manual, Current Edition.