**PURPOSE:**

To verify the same results are obtained when performing the same test using differnet methods

**PRINCIPLE & CLINICAL SIGNIFICANCE**

**POLICIES:**

Method comparisons are performed twice a year for the following:

* ABORh
  + Automated Method
  + Manual tube Method
* Antibody screens
  + PEG Tube Indirect Antibody Screen
  + LISS Tube Indirect Antibody Screen
  + Automated Method

**SPECIMEN REQUIREMENTS:**

EDTA is preferred and if not tested soon after collection, should be stored at 1-6°C.

Red top tubes are acceptable**.**

See SOP *Specimen Acceptability*

**REAGENTS/SUPPLIES/EQUIPMENT:**

|  |  |  |
| --- | --- | --- |
| **Reagents:** | **Supplies:** | **Equipment:** |
| See specific SOP | See specific SOP | See specific SOP |

**QUALITY CONTROL:**

All reagents are quality controlled daily

**INSTRUCTIONS:**

**TABLE OF CONTENTS:**

**Comparison of Antibody Screen Methods**

**Comparison of ABORh Testing Methods**

**Comparison of Antibody Screen Methods**

|  |  |
| --- | --- |
| **STEP** | **ACTION** |
| 1 | Select 10 patient samples with a minimum of 2 positive antibody screens |
| 2 | Perform an antibody screen on each specimen using the following methods   * LISS Tube Indirect Antibody Screen (SOP *LISS Indirect Antiglobulin Technique*) * PEG Tube Indirect Antibody Screen (SOP *PEG Indirect Antiglobulin Technique*) * Tango Automated Antibody Screen (SOP *Tango- Sample Testing*) |
| 3 | Record the reactions and results of the tube testing on a ABSC *Method Comparison Worksheet* and print the Tango test results |
| 4 | Record the interpretations of the Tango results on the ABSC *Method Comparison Form* |

**Comparison of ABORh Testing Methods**

|  |  |
| --- | --- |
| **STEP** | **ACTION** |
| 1 | Select 8 specimens ensuring there is a sample for each ABO group (A,B,AB and O) and each Rh type (Rh Neg and Rh Pos) |
| 2 | Perform ABORh testing on each specimen using the following methods ABORh Tube Method (SOP *ABORh Manual Tube Method*)   * Tango Automated ABORh (SOP *Tango- Sample Testing*) |
| 3 | Record the reactions and results of the tube testing on a *Type and Screen Downtime Worksheet* and print the reactions and the results of the Tango |
| 4 | Record the interpretations on the *ABORh* *Method Comparison Worksheet* |

**CALCULATIONS/INTERPRETATIONS/RESULTS REPORTING/NORMAL**

**VALUES/CRITICAL VALUES**

**Interpretation**

|  |  |
| --- | --- |
| **If** | **Then Method Comparison is** |
| Interpretations match between methods | Acceptable |
| Interpretations do not match between methods | Not Acceptable |

**REFERENCES**

**CAP All Common Checklist – Current Version**

**RELATED DOCUMENTS**

FORM *ABORh* *Method Comparison Worksheet*

FORM ABSC *Method ComparisonWorksheet*

SOP *ABORh Manual Tube Method*

SOP *LISS Indirect Antiglobulin Technique*

SOP *PEG Indirect Antiglobulin Technique*

SOP *Tango- Sample Testing*

|  |  |  |  |
| --- | --- | --- | --- |
| **UWMC SOP Approval:** | | | |
|  |  |  |  |
| **UWMC CLIA Medical Director** |  |  |  |
|  | Mark H. Wener, MD | Date |  |
|  |  |  |  |
| **Transfusion Service Manager** |  | Date |  |
|  | Deanne Stephens |  |  |
|  |  |  |  |
| **Compliance Analyst** |  | Date |  |
|  | Christine Clark |  |  |
| **Transfusion Service**  **Medical Director** |  | Date |  |
|  | John R. Hess, MD |  |  |
|  |  |  |  |
| **UWMC Biennial Review:** | |  |  |
|  |  |  |  |
|  |  | Date |  |
|  |  |  |  |
|  |  | Date |  |
|  |  |  |  |