# Reagent Red Blood Cells (Pooled Cells)

## 0.8% AFFIRMAGEN® 0.8% AFFIRMAGEN® 3





719201 719211

**Rx ONLY** 

#### **SUMMARY AND EXPLANATION**

A and B antigens on red blood cells have a chemical structure closely resembling antigens of bacteria and plants to which everyone is constantly exposed. As a result of this exposure, almost everyone over the age of six months who lacks the A or B antigen produces the corresponding antibody. Reverse (serum) grouping tests are used to detect these expected blood group antibodies and confirm the red cell typing (forward grouping). Serum grouping tests should employ at least  $A_1$  and B cells.  $A_2$  cells may be included to resolve ABO blood grouping discrepancies.  $A_2$  cells assist in the recognition of anti- $A_1$  that may be present in the serum of individuals belonging to A subgroups. Discrepancies between the red cell and serum grouping tests must be resolved before an ABO blood group can be assigned.

0.8% AFFIRMAGEN and 0.8% AFFIRMAGEN 3 are used to detect expected ABO blood group antibodies in patient and donor samples using the ID-Micro Typing System.

#### PRINCIPLE OF PROCEDURE

The reverse (serum) grouping procedure relies upon the expected presence or absence of the alloagglutinins anti-A and/or anti-B to confirm ABO blood grouping.

In this procedure, the patient or donor serum is combined with individual 0.8% AFFIRMAGEN red cells. After centrifugation, the presence or absence of agglutination confirms or invalidates ABO red cell grouping results (see INTERPRETATION).

#### REAGENT

0.8% AFFIRMAGEN: a two-vial set consisting of one vial each of A<sub>1</sub> and B red cells or

0.8% AFFIRMAGEN 3: a three-vial set consisting of one vial each of A<sub>1</sub>, A<sub>2</sub> and B red cells.

Each vial contains a 0.8% suspension of pooled Rh negative (D- C- E-) donor red cells in a low ionic strength diluent to which a purine and nucleoside have been added to maintain reactivity and/or retard hemolysis during the dating period. Trimethoprim (160 µg/mL) and sulfamethoxazole (800 µg/mL) have been added to retard bacterial contamination. In addition, EDTA disodium salt has been added to prevent complement mediated hemolysis. Such hemolysis might be falsely interpreted as a negative reaction.

Use 0.8% AFFIRMAGEN directly from the vials. As with all reagent red blood cells, the reactivity of the cells may decrease during the dating period. The rate at which antigen reactivity (i.e., agglutinability) is lost is partially dependent upon individual donor characteristics that are neither controlled nor predicted by the manufacturer. Do not use if marked hemolysis or evidence of contamination is observed.

FOR IN VITRO DIAGNOSTIC USE. No U.S. Standard of Potency. Do not freeze. Do not use beyond expiration date. The expiration date of each lot is no longer than 77 days from the date of collection of red blood cells from any donor in the lot. Store at 2 to 8°C.

CAUTION: All blood products should be treated as potentially infectious. Source material from which this product was derived was found negative when tested in accordance with current FDA required tests. No known test methods can offer assurance that products derived from human blood will not transmit infectious agents.

#### SPECIMEN COLLECTION AND PREPARATION

No special preparation of the patient or donor is required prior to specimen collection. Specimen collection should be accomplished by accepted medical procedures. Either serum or plasma is acceptable. Bacterial contamination may interfere with the results and interpretations of the test. Specimen storage should be within applicable regulatory agencies' requirements. If specimens are stored before testing, they should be stored at 2 to 8°C.

#### PROCEDURE

This product is to be used directly from the vial without further modification. The contents of each vial should be resuspended by gentle mixing. Follow the Procedure section contained in the respective gel test Instructions for Use requiring a 0.8% red cell suspension in a low ionic strength diluent.

#### Materials Provided

0.8% AFFIRMAGEN or 0.8% AFFIRMAGEN 3

#### **Required Supplementary Materials**

Please refer to the ID-Micro Typing System Instructions for Use for additional materials required for use.



#### Interpretation

Agglutination indicates the presence of an antibody corresponding to an antigen present on the red cells being tested. Based on the presence or absence of agglutination, the blood group of the individual may be determined by using the following table.

#### **EXPECTED REVERSE (SERUM) GROUPING RESULTS**

REAGENT RED CELLS			BLOOD GROUP
$A_1$	$A_2$	В	
+	+	+	0
0	0	+	Α
+	0	+	A (subgroup of A) with anti- $A_1$
+	+	0	В
0	0	0	AB
+	0	0	AB (subgroup of A) with anti-A <sub>1</sub>

#### Stability of Final Reaction Mixture

All results should be read and recorded upon test completion.

#### **CONTROL OF ERROR**

- Since A<sub>1</sub>, A<sub>2</sub> and B cells have many other blood group antigens, a discrepancy between cell and serum grouping
  tests may occur because the serum contains unexpected antibodies other than anti-A and/or anti-B. To exclude this
  possibility, evaluation of antibody screening results using group O cells with known antigenic composition may be
  helpful.
- 2. 0.8% AFFIRMAGEN and 0.8% AFFIRMAGEN 3 should be tested on each day of use with positive and negative controls according to the method described in the respective gel test Instructions for Use requiring a 0.8% red cell suspension in low ionic strength diluent.

#### LIMITATIONS OF PROCEDURE

- 1. Reverse (serum) grouping performed on the serum of an infant may give misleading results until the infant is approximately six months of age. Antibodies found in the infant's circulation prior to this time are usually of maternal origin.
- 2. Sera from patients with agammaglobulinemia will not have normal levels of anti-A and/or anti-B and may not react correctly in this procedure.
- 3. The A<sub>2</sub> cells may not be agglutinated by low-titered anti-A found in the sera of infants and elderly individuals who are group O and group B.
- 4. Improper technique may invalidate the results obtained with 0.8% AFFIRMAGEN and 0.8% AFFIRMAGEN 3.

#### SPECIFIC PERFORMANCE CHARACTERISTICS

The ABO group and Rh type of the cells are demonstrated by testing in at least two independent laboratories. These cells are shown to react with normal physiological concentrations of anti-A and/or anti-B in samples. Each cell sample is shown to have a negative direct antiglobulin test, indicating that no human IgG or human complement components are detectable on the cell surface.

Meets requirements of the FDA.

Technical questions concerning this reagent should be directed in the U.S. to Ortho Care™ Technical Solutions Center at 1-800-421-3311. Outside of the U.S., the company distributing this product should be contacted.

SUMMARY OF REVISIONS	
Section	Revision
All	Changed package insert to Instructions for Use.
SPECIFIC PERFORMANCE CHARACTERISTICS	Changed Customer Technical Services to Ortho Care™ Technical Solutions Center.
Back Page	Updated copyright information.

#### **BIBLIOGRAPHY**

Allan JC, Bruce M, Mitchell R. The preservation of red cell antigens at low ionic strength. Transfusion 1990;30:423-426. Issitt PD, Anstee DJ. Applied blood group serology. 4th ed. Durham, NC: Montgomery Scientific, 1998.

Lapierre Y, Rigal D, Adam J, Josef D, Meyer F, Greber S, Drot C. The gel test: a new way to detect red cell antigenantibody reactions. Transfusion 1990;30:109-113.

Malyska H, Weiland D. The gel test. Laboratory Medicine 1994;25:81.

Race RR, Sanger R. Blood groups in man. 6th ed. Oxford: Blackwell Scientific, 1975.

Technical manual. 12th ed. Bethesda, MD: American Association of Blood Banks, 1996.

ID-Micro Typing System is a trademark of Micro Typing Systems, Inc.

US LICENSE 1236

### Ortho Clinical Diagnostics

1001 US Highway 202, Raritan, NJ 08869 USA

© Ortho Clinical Diagnostics 2010-2017