**Antigen Typing in TSL with Sunquest**

**February Technical Meeting**

**2014**

**What we know:**

* **Sunquest** wants antigen typing attached to donor units based on control files requirements for allocation and issue based on patient history.
* **Not all antigens** have typing codes as there isn’t antisera for every antigen.
* **Sunquest** allows Donor Antigen Typing entry in 3 places:
	+ **Blood Product Entry:**
		- Use special **OS (Outside Source) codes** to indicate someone besides TSL did the testing.
		- **Example:** Ordered units are typed for Jka and little s by PSBC. **Enter codes NJKAAT and NLSAT in BPE at time of receipt. If you forget?** Still enter in BPE by clicking on Modify Unit (bottom left corner).
	+ **Blood Product Testing:**
		- Add AO to unit and enter codes from TSL Antigen Typing Worksheet.
		- Search function may NOT have everything but there is a code book in TSL to help.
		- No charge is generated.
		- **Example:** TSL performs antigen typings on above units. **Enter NJKAA and NLSA in BPT.**
	+ **Blood Order Processing:**
		- Add AO to units and enter NEGATIVE codes based on unit antigen label **that are required for that patient**.
		- Accepts codes that do NOT satisfy the control files.
		- Bills patient for antigen typing.
		- **Example:** Add test AO and result with NJKAA and NLSA if required for the patient and performed by TSL. PSBC did testing we didn’t confirm? Use the OS codes and perform the override. SQ doesn’t see the OS as a requirement satisfier since it hasn’t been verified internally.

**If antigen typing control files are not satisfied, overrides are required. Possible Override Codes include:**

* **AAGT:** additional antigen testing required
* **ABCIS:** Clinically insignificant antibody &/or Antigen typing not required &/or Antisera not available
* **EMR:** Emergency Release Uncrossmatched
* **PAO:** Pathologist approval obtained
* **PIIP:** Problem Investigation in Process
* **SPROB:** See Problem Resolution

**What scenarios require override and it is acceptable to perform override?**

* **No antisera available commercially**
	+ You can call PSBC and ask them if they have the antisera before assuming it doesn’t exist if we don’t have it.
	+ Use override **code ABCIS**
* **No antisera available at TSL: we ran out**
	+ Request PSBC antigen type units
	+ Use override **code SPROB or ABCIS**
* **Clinically Insignificant antibody**
	+ We don’t routinely antigen type for P1, M, Lea, Leb even though antisera is available.
	+ Use override **code ABCIS**
* **Emergency Release Uncrossmatched**
	+ No time to perform antigen typing due to urgency. Medical Director should be notified. Urgent blood release needs to be signed.
	+ Use override **code EMR, PAO or AAGT**
* **Difficulties meeting antigen requirements**
	+ Some patients require antigen matched RBCs but the combinations can be very hard to find. We may not be able to satisfy all of them. Contact Medical Director/LMR.
	+ Use override **code PAO**
* **Low or High Frequency Antibodies**
	+ Antisera isn’t available in the majority of cases. You can call PSBC and ask them if they have the antisera before assuming it doesn’t exist if we don’t have it.
	+ Use override **code ABCIS**
* **Problem Investigation is incomplete**
	+ Sometimes you just aren’t done. You may have sent it out to PSBC for further workup. Contact the Medical Director/LMR.
	+ Use override **code SPROB**

**When is overriding unacceptable?**

* Antisera is available but antigen typing was not performed due to tech forgetfulness.
* Antigen typing results are available but aren’t entered into BPT or BOP.
* Special circumstances exist but no consultation with Medical Director/LMR/TS Manager has been instigated. If you have to proceed, notify the patient’s physician and continue efforts to reach a TSL person.

**So, which should you use for antigen typing entry – BPE, BPT, or BOP?**

Control Files and Billing

* Entry into **Blood Order Processing** (BOP) satisfies the control files and bills.
* **Blood Product Entry** (BPE) satisfies the control files but does NOT bill. Always use for Testing by an outside source (OS).
* **Blood Product Testing (BPT)** satisfies the control files but does NOT bill.

Update unit history without Billing

* **BPT** should always be used for POS antigen typings. This is history of unit testing.
* **BPT** should be used for entering NEG antigen typings when screening units. Once again, this adds to the unit history.

Unit Antigen Typed for more antigens than Required for the Patient

* **BOP** entry should be limited to the antigens required for the patient’s needs. By limiting entry, you focus on what should be billed and ignore any extra antigen typings on the unit.

Now that you have reviewed antigen typing in SQ, complete the Override Exercise. Two of the units you are going to import require BPE entry of antigen codes (OS codes). Just for practice!

Bring your questions to the Technical Meeting.