**Purpose**To provide guidelines for providing crossmatch compatible blood for transfusion.

**Policy**

The Harborview Transfusion Service will follow accepted regulations and standards for providing crossmatch compatible blood for patients.

**Types of Crossmatch and Requirements:**

|  |
| --- |
| **Sample requirements for all crossmatches:*** Current acceptable sample
* Two determinations of ABO/Rh from separate collections, at least one of which is on the current sample.
* Antibody Screen
 |
| **Computer Crossmatch** | **Antiglobulin Crossmatch (AHG)** | **Immediate Spin Crossmatch** |
| Additional Requirements: (All criteria must be met to qualify)* No history of clinically significant antibodies (Abs).
* Current Ab screen negative for clinically significant Abs. (See below)
* Retrospective crossmatches for transfused trauma units.
 | Required for all patients who have:* Evidence of clinically significant antibodies
* A history of clinically significant antibodies, even if currently not detectable in serum. (See below)
* When ordered by the Medical Director
 | * Performed in place of Computer crossmatch during Computer downtime.
* Performed for retrospective crossmatches.
* Required for patients who have current or previously identified insignificant antibodies. (See below)
 |
| **Most Common Clinically Significant Antibodies** | **Crossmatch Method Used** | **Typed Antigen Negative Units** |
| Rh Blood Group: D\*, C, c, E, e, f (give c neg &/or e neg)G (Give D neg and C neg)Cw (pregnant women only)Kell Blood Group:K, k, Kpa, Kpb, Jsa, Jsb, KxKidd Blood Group:Jka, JkbDuffy Blood Group:Fya, FybMNS Blood Group:M (if reactive at 37C), S, s, U (Give S, s neg)Other: | * AHG compatible
 | * Yes
* If antisera is not available, order antigen negative units from supplier.
 |
| **More Uncommon Clinically Significant Antibodies** | **Crossmatch Method Used** | **Typed Antigen Negative Units** |
| **High Incidence*** Colton a
* P, PP1PK (previously Tja)
* H (Bombay and Para Bombay)
 | **Low Incidence*** Dia
* Colton b
* Lua
* Wra
* V, VS
* Allo-A1\*\*
 | * AHG compatible
 | * Assume antisera is not available.
* If antibody is low incidence provide AHG compatible units.
* If antibody is high incidence, order antigen negative units from PSBC.
 |

\* If anti-D is passively acquired, AHG crossmatch no longer required after becomes undetectable in patient’s serum.

\*\* Although naturally occurring anti-A1 is usually not clinically significant; allo-anti-A1 is often clinically significant.

|  |  |  |
| --- | --- | --- |
| **Clinically Insignificant Antibodies** | **Crossmatch Method Used** | **Typed Antigen Negative Units** |
| **NOTE:** This list is not all-inclusive for insignificant antibodies. Consult with TS Mgr or Medical Director for any that may not be listed.Bga and BgbLea and LebP1 and P if not reacting at 37CI and iA1 (give O or A2/A2B units)\*\*M if not reacting at 37CN if not reacting at 37CLWDibChido/Rogers (Ch/Rg)SciannaGerbichKnopsCromerIndianOkRaphJMHGil | * Immediate Spin
 | * Not necessary
 |

\*\* Although naturally occurring anti-A1 is usually not clinically significant; allo-anti-A1 is often clinically significant.