### Importance of the ABO system

Most important (clinically significant ) Blood Group system for transfusion practice

why?

If ABO antibodies react with antigens in vivo, result is acute hemolysis and possibly death.

### Indications for ABO grouping

- Blood Donors
- Transfusion recipients
- Transplant candidates and donors (ABO antigens are found in other tissues)
- Prenatal patients ( cause of HDN )
- Newborns
- Paternity testing

What are the following ABO type?

Anti-A	Anti-B	A1 CELL	B CELL
4+	0	2+	4+

Anti-A	Anti-B	A1 CELL	B CELL
4+	0	0	0

Anti-A	Anti-B	A1 CELL	B CELL
4+	4+	4+	4+

#### KINDS OF DISCREPANCIES

- 1. Clerical errors
- 2. Technical errors
- 3. Problem with serum testing
- 4. Problem with red cell testing
- 5. Problems with both cells and serum

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#### کارگاه آموزشی کنترل کیفی بانگ خون بیمارستانی آزمایشگاه مرجع سلامت دانشگاه علوم پزشکی ایران

 لأريخ
 نام سويرواين

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#### نمونه Specimen

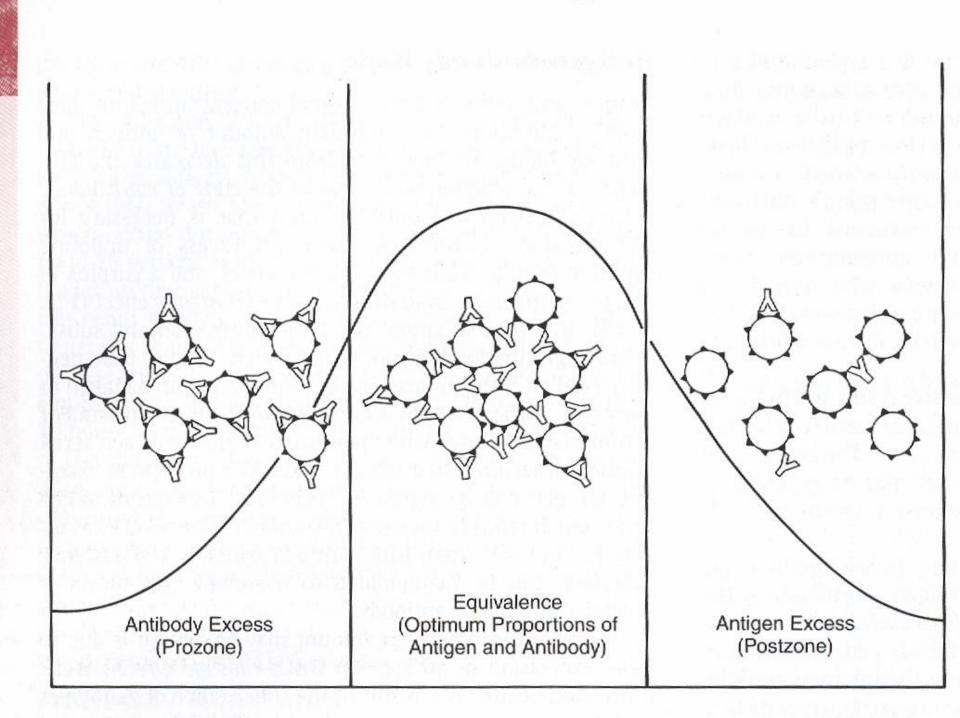
- 1. حداقل ۵-۲ میلی لیتر خون بیمار در لوله حاوی ضد انعقاد EDTA /خون لخته قابل قبول است.
- 2. ثبت نام و نام خانوادگی بیمار و شماره منحصر به فرد شناسایی کننده بر روی لوله حاوی خون بیمار الزامی است.
  - ثبت نام خونگیر و تاریخ خونگیری بر روی لوله حاوی خون بیمار است.
- 4. نمونه نوزادان کمتر از ۴ ماه معمولاً حاوی Anti-B یا Anti-B نمی باشد ، بنابراین فقط آزمایش گلبول قرمز جهت این بیماران انجام شود.
- 5. زمانی که سابقه انجام آزمایش ABO بیمار در بانک خون موجود نیست در صورت نیاز به تزریق خون انجام یکی از بندهای ذیل با رعایت الویت الزامی است:
  - از بیمار نمونه گیری مجدد شده و به بانک خون جهت تکرار و تأیید نتیجه آزمایش ABOاولیه ارسال شود.
    - آزمایش ABO مجدداً بر روی نمونه توسط کارشناس دیگری تکرار و تأیید گردد.
    - کارشناس انجام دهنده آزمایش اولیه ABO مجدداً آزمایش ABO را تکرار، تأیید و مستند سازی نماید.
  - 6. از نمونه هائی که ظاهر همولیز یا لیپیمی (hemolyzed –lipemic) دارند، استفاده نکنید. نمونه گیری مجدد انجام شود.

#### 7. شرایط نگهداری نمونه Storage

- به دستورالعمل تولید کننده معرفها جهت محدودیت و شرایط ذخیره سازی نمونه ها رجوع شود.
- نمونه های خون دردمای یخچال ۸-۲ درجه سانتیگراد و به مدت حداقل ۷ روز جهت هرگونه آزمایش بعدی ذخیره شود.
- جهت پیشگیری از وقوع هرگونه خطای انسانی ، جداسازی سرم یا پلاسما از گلبول قرمز خون نمونه بیمار و ذخیره سازی در لوله های تفکیک شده توصیه نمی شود.

# Preparation of A1 cells, B cells -3% Red cell Suspension SOP

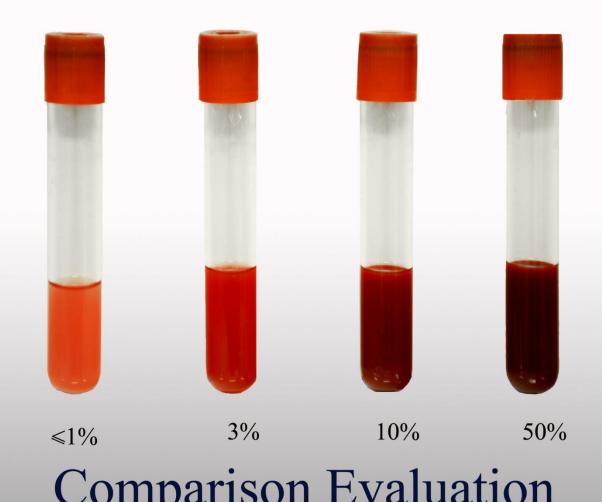
- •3% red cell suspension is a common reagent in many serologic procedures
- •2-5% suspension can achieve the appropriate antigen antibody ratio
- Zone of equivalence
- Pro zone (excess of unbound immunoglobulin)
- Post zone (surplus of antigen)



## nmunohematology Reference Loborator

آزمایشگاه رفرانس ایمونوهماتولوژی

# 3% Suspension Color and Density Standard

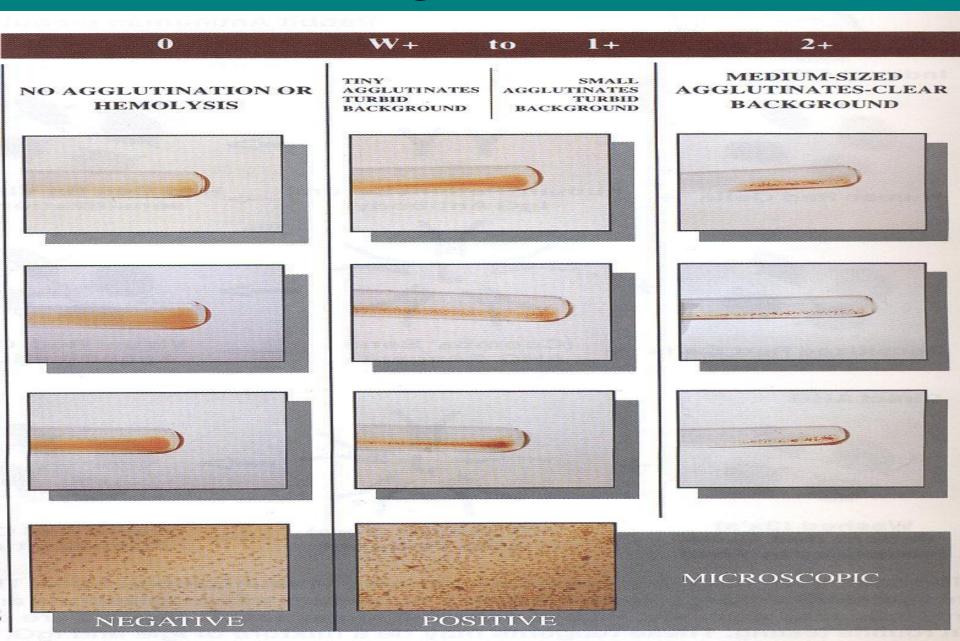


## Grading Test Results SOP

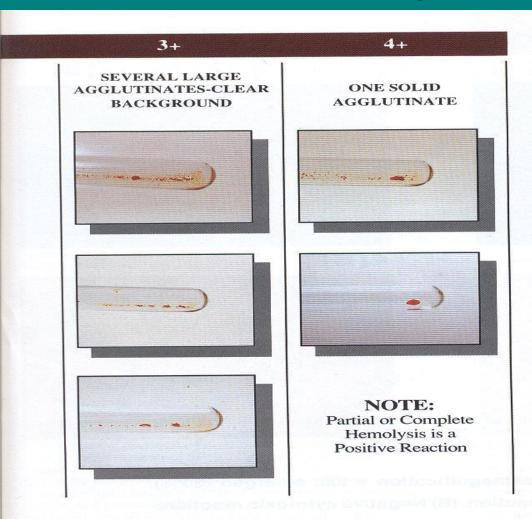
- Is to allow comparison of reaction strengths
- Can be used to detect and identify ABO subgroups
- Is beneficial in detecting multiple antibody specificities and antibodies exhibiting dosage
- Grading should be standardized among all members of the laboratory staff
- Use a light source and an agglutination viewer as an aid

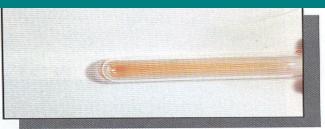
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ندى الگوتيناسيون Interpretation of Agglutination Reactions	تفسیر واکنش و درجه ب
Macrosopically Observed Findings	Designation
One Solid agglutinate	4+
Several large agglutinates	-3+
Medium-size agglutinates, clear background	2+
Small agglutinates, turbid background	1+
Very Small agglutinates, turbid background	$1^{\mathbf{w}}$
Barely visible agglutination ,turbid back ground	W <sup>+</sup>
No agglutination	0
Mixtures of agglutinated and unagglutinated red cells	mf
(mixed field)	
Complete hemolysis	H
Partial hemoysis, some red cells remain	pН

## Grading Test Results



## Grading Test Results

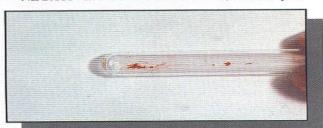




NEGATIVE: NO AGGREGATES



NEGATIVE: NO AGGREGATES (Microscopic)



PSEUDOAGGLUTINATION OR STRONG ROULEAUX (2+)



ROULEAUX:Microscopic (original magnification x10; enlarged 240%) NOTE: The "stack of coins" appearance of the agglutinates

Quality control to be performed daily

Reagents

- All reagents should be certified & approved by MOH reference laboratory
- Use reagents accordance with manufacture's instructions

- Follow S.O.P to perform the test
- Interpretation
- Hemolysis or agglutination constitute positive results
- Any discrepancy between results of tests on serum and cells should be resolved before an interpretation is recorded of the donor's ABO

If RB	Cs react	And Serum/	Plasma react	Then ABO type is
Anti-A	Anti-B	A <sub>1</sub> RBCs	B RBCs	
0	0	≥3+	≥3+	0
≥3+	0	0	≥3+	A
0	≥3+	≥3+	0	В
≥3+	≥3+	0	0	AB



Step 1: Label test tubes.



Step 2: Make a 2-5% patient red cell suspension.



Step 3: Add reagent antisera\* (approximately 2 drops).



Step 3A: Add reagent Anti-A antisera\* (approximately 2 drops).



Step 3B: Add Anti-B reagent antise (approximately 2 drops).



Step 4: Add one drop of 2-5% suspension of patient red cells to each tube.



Step 5: Mix and centrifuge (approximately 20 seconds).

■ FIGURE 6-1 Procedure for forward grouping. Principle: Detection of antigens on the patient's RBCs with known commercial antisera. (Continued on the following page)

Step 6: Read and record agglutination reactions.



Group B



4+ Agglutination with Anti-B 0 Agglutination with Anti-A



Group A 4+ Agglutination with Anti-A 0 Agglutination with Anti-B



Group AB 4+ Agglutination with Anti-A and Anti-B



Group O No Agglutination with Anti-A or Anti-B



Group B 4+ Agglutination with Anti-B 0 Agglutination with Anti-A



Group A
4+ Agglutination with Anti-A
0 Agglutination with Anti-B



Group AB 4+ Agglutination with Anti-A and Anti-B



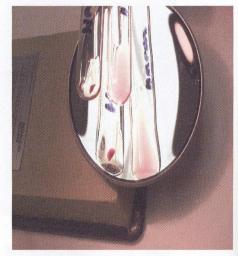
Group O No Agglutination with Anti-A and Anti-B

FIGURE 6-1 (continued) Procedure for forward grouping. Principle: Detection of antigens on the patient's RBCs with known commercial antisera.

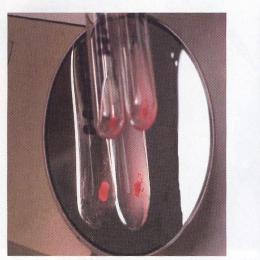
<sup>\*</sup>Consult manufacturer's package insert for specifics.



Group A
4+ Agglutination with B Cells
0 Agglutination with A<sub>1</sub> Cells



Group B 4+ Agglutination with A<sub>1</sub> Cells 0 Agglutination with B Cells

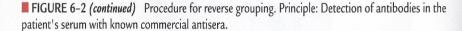


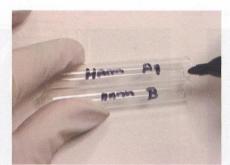
Group O
4+ Agglutination with A<sub>1</sub> Cells
3+ Agglutination with B Cells



Group AB

No Agglutination with A<sub>1</sub> and B Cells





Step 1: Label Test Tubes



Step 2: Add two drops of patient serum to each tube



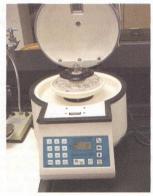
3: Add one drop of reagent cells\* to each test tube



Step 3A: Add one drop of Reagent A<sub>1</sub> cells



Step 3B: Add one drop of Reagent B cells



Step 4: Mix and centrifuge (approximately 20 seconds)

■ FIGURE 6–2 Procedure for reverse grouping. Principle: Detection of antibodies in the patient's serum with known commercial antisera. (Continued on the following page)

<sup>\*</sup> Consult manufacturer's package insert for specifics.

## Tube test for Rh testing

- Specimen
- Clotted or anticoagulated blood samples
- Do not use corvac (Gel) tube
- Reagents
- blended IgM/IgG monoclonal/ polyclonal low protein anti-D
- Use reagents accordance with manufacturer's instructions
- Use two different anti-D serum for each test
- Rh control reagent to be used for each test
- AHG(anti-IgG)
- IgG coated red cells

## Tube test for Rh testing

- Quality control to be performed daily
- Follow S.O.P to perform the Rh(D) test

A	ل	دو	جا

Anti-D	Rh-Control	تفسیر Interpretation
≥2	0	نوع Rh بیمار Positive گزارش شود.
< 2	0	از مرحله ۱۰ ادامه دهید.
Positive	Positive	Unresolved

#### B جدول

Anti-D	Rh-Control	تفسیر Interpretation
≥2	0	Rh-Positive
0	0	Rh-Negative
Positive	Positive	Unresolved

## Tube test for Rh testing

#### Weak D (Du)

is a weakly expressed D antigen that will only be demonstrated after incubation at 35-37°C°C followed with antiglobulin testing. (ie being demonstrated only by coombs technique).

#### Why do weak D's exist?

There are three explanations for weak D's.

- Quantitative weak D there are individuals quantitatively produce fewer D antigen sites.
- **Position Effect weak D** in this case the D weakend by the position of a C on the opposite haplotype which is called the trans position Dce/Ce and DcE/Ce.
- Partial D antigen ( Mosaic D) in this type of weak D, the individuals lack some of the components of the D antigen and therefore are able to make allanibodies to those specific components if they are transfused with D positive blood.

#### Many valuable lives depends on your work

