

ABID: The weird & the wonderful

WEBINAR 3/3

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NHSBT





Antibody Identification

Session 3/3

The weird and the wonderful

Helen Thom

Today's session overview

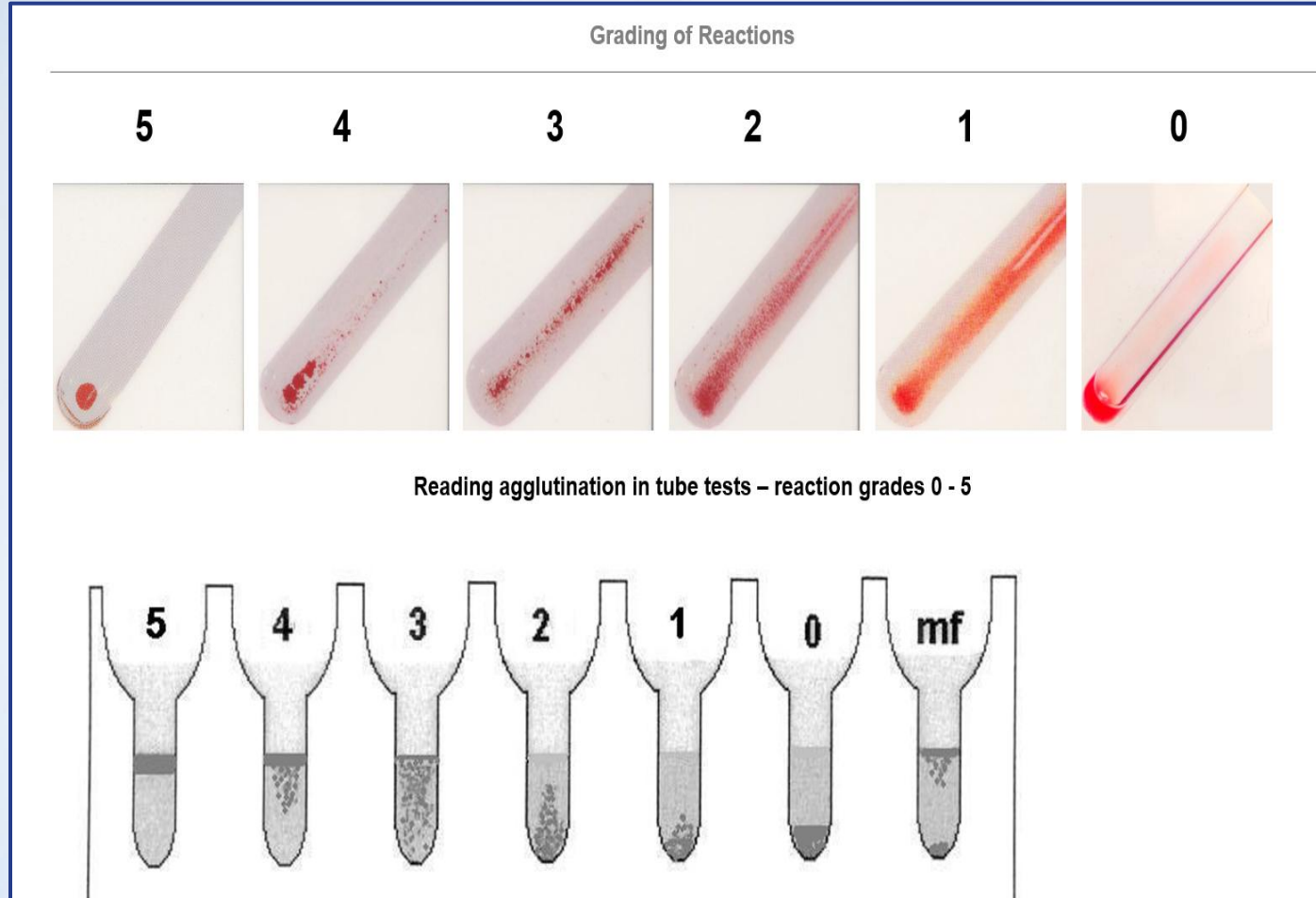
- Brief recap of some tools from previous sessions
- Overview of high incidence antibodies
- Advanced techniques: DTT treatment, neutralisation, inhibition, alloadsorption
- Cases examples demonstrating practice

The basic principles of ABID



- Unknown antibody with known antigen – ABID
- Or known antibody with unknown antigen – grouping/phenotyping
- Antibody will bind with its corresponding antigen

Grading



- Can assist with ABID
- Multiple antibodies
- Enhanced reactions
- Dosage

Papain Treatment



Duffy

Rh

MNS

Kell

Papain

Kidd

Papain Treatment



Rh



Kell



Kidd



Papain



Knowing the clinical significance of antibodies

ISBT:

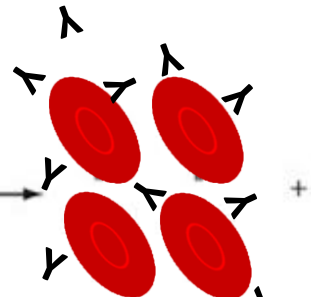
“A clinically significant antibody can be defined as one capable of causing accelerated destruction of a significant proportion of transfused cells, or one capable of crossing the placenta and causing haemolytic disease of the fetus and newborn”



Positive DAT

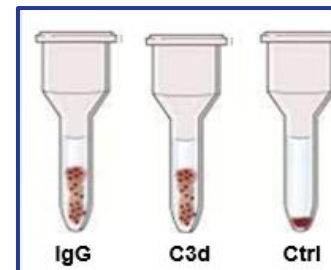
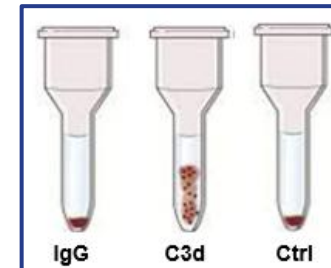
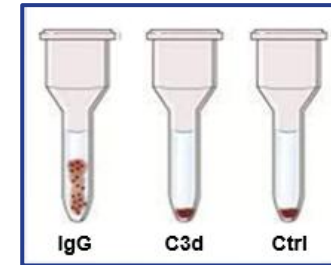


Positive DAT



Patient
RBC sensitised with IgG
and/or C3d

If recently transfused, will
also contain donor RBC



'Pan-reactivity' and auto control/DAT

Pan from the Latin word-forming element meaning “all, every, whole, all-inclusive”

- High incidence antibodies most often appear as pan-reactivity with negative auto control/DAT (not always the case though)
- The antibody binds to its corresponding antigen – which happens to be >90 or >99% of reagent (donor) cells
- The patients' auto control is negative as their own cells are antigen negative, so the antibody has no antigen to bind to (not always the case though)
- Pan reactive antibodies most often appear as pan-reactivity with positive auto control/DAT
 - IgG, IgM, C3d or a mixture
- The patient's autoantibody will bind with *all* red cell antigens, including their own, hence pan-reactive

High incidence - what you'd typically see

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0	0	+	+	0	+	0		4	5
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		4	5
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	+		4	5
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		4	5
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		4	5
6	rr	0	0	0	+	+	Are there any underlying alloantibodies?							0	0	0	+	+	0	0	+		4	5
7	rr	0	0	0	+	+								+	0	+	0	0	+	+	0		4	5
8	rr	0	0	0	+	+								+	+	0	+	0	+	0	+		4	5
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		4	5
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		4	5
																						Auto	0	/
																						+ control	2	/

Or it could be like this...

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT			
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0	0	+	+	0	+	0		2	0			
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		2	0			
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	+		2	0			
4	r ['] r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		2	0			
5	r ^{''} r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		2	0			
6	rr	0	0	0	+	+	Are there any underlying alloantibodies?							0	0	0	+	+	0	0	+		2	0			
7	rr	0	0	0	+	+								+	0	0	+	0	0	+	0	+	+	0		2	0
8	rr	0	0	0	+	+								+	+	0	+	0	0	+	0	+	0	+		2	0
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		2	0			
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		2	0			
																						Auto	0	/			
																						+ control	2	/			

Some 'common' examples

MNS

- Anti-U
- Antigen negative RBC

Duffy

- Anti-Fy3
- Antigen negative RBC

Kell

- Anti-k
- Antigen negative RBC

Kidd

- Anti-Jk3
- Antigen negative RBC

Chido/ Rogers

- Anti-Ch/Rg
- Least serologically incompatible RBC

Knops

- Knops-McCoy antibodies
- Least serologically incompatible RBC

Identifying high incidence antibodies

- Apparent pan-reactivity with negative auto control – but not always
- Ethnicity
- Rare cell panel can be performed – similar to primary panel but negative for high incidence antigens
- May need referral to International Blood Grouping Reference Laboratory (IBGRL)
- Serological clues
 - How the antibody behaves
 - Papain enhanced/sensitive
 - Grading – strength of reactions
 - Patient's phenotype - e.g. S-s-, Fy(a-b-), Jk(a-b-), K+

Blood selection

- High frequency antigens may create difficulties in obtaining compatible blood
- Red cells negative for high frequency antigens are not readily available, and availability should be discussed with the National Frozen Blood Bank (NFBB)
- It may be that there are multiple antibodies to consider, making it even harder
- Some require antigen negative blood
- Some are serologically least incompatible



Case 1:

History – 06/06/2019

RCI Request Form **NHS**
Blood and Transplant

2 EDTA samples are required for all serological investigations failure to comply could result in an incomplete investigation

Samples will not be tested unless a minimum of three points of matching identification is used on both forms and sample tubes (see over)

All sections of the form marked * must be completed. Please write clearly in capitals using BLACK ink.

Patient ID stickers may be used on the form.
Place within the allocated dotted line indicated below.

TEAR HERE

Urgent requests MUST be telephoned.

***Hospital and requestor details**
Full Hospital name: _____ Department: _____
Hospital (NHS code): _____ Hospital sample ID number: _____
Contact Phone number for queries: _____
Sample Date: DDMMYY Sample time taken: HH:MM

***Patient details**
Surname: _____
First Name: _____
DOB: DDMMYY
NHS No: _____
Hospital Number: _____
M ☐ F ☐ Other ☐ Ethnic code: _____ Patient ☐ Donor ☐ EDD: DDMMYY

***Investigations requested:**
Antenatal ☐ Reference ☐ FMH ☐ Crossmatch ☐ Paternal ☐ Additional tests ☐
Please select investigation required. Please use X ☒ not ☐

Crossmatch Request
Number of crossmatched units required? ☐ Date & time: _____
Special requirements: (e.g. CMV neg, irradiated) _____

***Clinical details (Antenatal)** Prophylaxis within the last 6 months? Please use X ☒ not ☐
Not Known ☐ No ☐ Yes ☐ If yes, Date: DDMMYY
28-week antibody screen result: Pos ☐ Neg ☐ and Dose: _____

Paternal or cord samples: Please give details of linked antenatal patient:
Name: _____ Date of birth: _____
NHSBT/NHS number: _____

***Clinical details (Reference)** Diagnosis: _____
Transfusion within the last 3 months? Not Known ☐ No ☐ Yes ☐ If yes, date of most recent: DDMMYY
Hb & date: _____
Other relevant clinical information. Please provide further details including antibodies specificity / techniques / bleed size if FMH / monodonal antibody therapy / transfusion history

Referring Laboratory's findings:
Blood group: _____ DAT: _____ Antibodies: _____
*Signature: _____ *Date: _____

NHSBT USE
Type of sample (not EDTA): _____ NHSBT sample number: _____ Date / time sample received: _____

- Patient demographics – 85 y/o male
- Investigation requested:
 - Crossmatch (ABID and 2 XM units)
- Clinical details:
 - Diagnosis: ‘Anaemia’
 - Hb - 70
 - Transfusion history: tx 04/04/2019
- Referring laboratory findings
 - Historical ABO O+ C-, DAT pos, Pos Screen

1st Investigation – NHSBT Panel 1

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ W _{R1}	+	+	0					0	+	0	0	+	+	0	0	+	+	0	+	0		Wk	4
2	R ₁ R ₁	+	+	0					+	0	4	0	0	+	0	+	0	0	+	0	+		Wk	4
3	R ₂ R ₂	+	0	+	+	0	0	+	0	+	3	0	0	+	0	+	0	0	+	+	0		0	2
4	r'r	0	+	0	+	+	0	+	0	+	2	0	0	+	0	0	+	0	+	+	0		Wk	4
5	r'r	0	0	+	+	+	+	0	+	0	1	0	0	+	0	0	+	+	0	0	+		0	Wk
6	rr	0	0	0	+	+	0	+	0	+	3	0	+	0	0	0	+	+	+	0	+		0	2
7	rr	0	0	0	+	+	+	0	+	0	0	+	+	+	0					+	0		0	3
8	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	+					0	+		0	2
9	rr	0	0	0	+	+	+	0	0	+	4	+	0	+	0					+	0		0	3
10	rr	0	0	0	+	+	0	+	+	0	1	0	0	+	0	+	0	0					0	2
																							Auto	1
																							K control	2

Anti-C

Looks like Anti-e

Looks like a bit Jka-ish

Requires DAT

Anti-C

Looks like Anti-e

Looks like a bit Jka-ish

Requires DAT

1st Investigation – NHSBT Panel 2

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ W _{R1}	+	+	0					+	0	0	0	0	+	0	0	+	+	0	+	0		Wk	4
2	R ₁ R ₁	+	+	0					0	+	2	0	+	+	0	0	+	0	+	0	+		Wk	4
3	R ₂ R ₂	+	0	+	+	+	+	0	+	0	2	0	0	+	0	+	0	+	0	0	+		0	0
4	r'r	0	+	0	+	+	+	0	+	0	2	0	0	+	0	0	+	0	+	0	+		Wk	4
5	r'r	0	0	+	+	+	0	+	0	+	3	0	0	+	0	0	+	0	+	+	0		0	3
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0	0	+	+	0	0	+		0	3
7	rr	0	0	0	+	+	+	0	0	+	1	+	+	+	0					+	0		0	3
8	rr	0	0	0	+	+	0	+	0	+	4	0	0	+	+					+	0		0	2
9	rr	0	0	0	+	+	0	+	+	0	0	0	0	+	0					0	+		0	2
10	rr	0	0	0	+	+	0	+	0	+	2	+	0	+	0	+	0	+	0	0	+		0	2
																						Auto	/	/
																						K control	2	/

Anti-C

Looks like
Anti-e

Still looks
like a bit
Jka-ish

What we have so far

- Identified antibodies
 - Anti-C
 - Anti-e
 - Possible anti-Jka
- Are these allo or auto antibodies? Are they clinically significant?
- What is the phenotype? Can we phenotype? Tx 9 weeks earlier
- Positive auto control – needs DAT
- Patient not tx within last 6 weeks – but has made antibodies – go with your gut!



1st Investigation – Eluate NHBST Panel 1

[illegible]

Results 06/06/19

- RhK phenotype:
 - C- c+ E+ e+ K+
 - R2r
 - Jk(a-b+)

Mr Patient
DOB: xx/xx/xx

Group: O RhD Pos

Antibodies:

Anti-C

- Alloanti-C – clinically significant
- Autoanti-e – unlikely to be clinically significant
- ? Alloanti-Jka 'poking out'
 - Couldn't confirm due to autoanti-e
 - Regard as allo and clinically significant
- DAT 1+ IgG – eluate: 3+ pan
- 2 units O+ C- Jka- issued

Results 11/07/19

- Historical phenotypes:

- C- c+ E+ e+ K+
- R2r
- Jk(a-b+)

Mr Patient
DOB: xx/xx/xx

Group: O RhD Pos

Antibodies:

— —
Anti-C, anti-Jka

- Alloanti-C
- Alloanti-Jka
- Pan reactive enzyme antibody
- DAT 2+ IgG – eluate: 3+ pan
- 2 units O+ C- Jka- issued
- Updated antibody card provided

Results 12/08/19

- Historical phenotypes:
 - C- c+ E+ e+ K+
 - R2r
 - Jk(a-b+)
- Alloanti-C
- Alloanti-Jka
- DAT 2+ IgG – eluate not performed as no change in DAT strength
- 2 units O RhD+, C- Jka- issued

October - 4th Investigation – NHSBT Panel 1

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT						
1	R ₁ ^w R ₁	+	+	0	Enzyme only alloanti-C					0	+	3	0	0	+	0	0	+	0	+	0	+		0	wk					
2	R ₁ R ₁	+	+	0						+	0	0	0	+	+	0	+	0	+	0	+	0	+	0	+	0	+	0	0	wk
3	R ₂ R ₂	+	0	+						0	+	2	0	0	+	0	0	+	0	0	+	0	+	+	0	+	0	+	0	0
4	r'r	0	+	0						0	+	2	0	0	+	0	0	+	0	0	+	+	0	+	0	+	0	+	0	wk
5	r''r	0	0	+	+	+	+	0	+	0	0	0	0	+	0	0	+	+	0	0	0	+		0	0					
6	rr	0	0	0	+	+	0	+	0	+	4	0	+	0	0	0	+	0	+	0	+		0	0						
7	rr	0	0	0	+	+	0	+	+	0	4	+	0	+	0	Previously reported alloanti-Jka					+	0		0	0					
8	rr	0	0	0	+	+	+	0	+	0	0	0	0	+	+						0	+		0	+		0	0		
9	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	0						0	+		0	+		0	0		
10	rr	0	0	0	+	+	0	+	0	+	2	+	0	+	0	requires DAT: DAT results 3+ IgG Increase in strength – eluate required								0	0					
																											Auto	3	/	
																												K control	2	/

Previously
reported
alloanti-Jka

requires DAT:
DAT results 3+ IgG
Increase in strength –
eluate required

4th Investigation – Eluate NHSBT Panel 1

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	0	+	0	+	3	0	0	+	0	0	+	0	+	0	+		2	3
2	R ₁ R ₁	+	+	0	0	+	+	0	+	0	0	0	+	+	0	+	0	+	0	+	0		Wk	3
3	R ₂ R ₂	+	0	+	+	0	0	+	0	+	2	0	0	+	0	0	+	0	+	+	0		2	3
4	r' ['] r	0	+	0	+	+	+	0	0	+	Anti-k		0	+	0	0	+	+	0	+	0		2	3
5	r''r	0	0	+	+	+	+	0	+	0			0	+	0	0	+	+	0	0	+		2	3
6	rr	0	0	0	+	+	0	+	0	+	4	0	+	0	0	0	+	0	+	0	+		0	1
7	rr	0	0	0	+	+	0	+	+	0	4	+	0	+	0	+	0	0	+	+	0		Wk	3
8	rr	0	0	0	+	+	+	0	+	0	0	0	0	+	+	0	0	0	+	0	+		Wk	3
9	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	0	+	0	+	0	0	+		Wk	3
10	rr	0	0	0	+	+	0	+	0	+	2	+	0	+	0	0	+	+	0	+	0		Wk	3
																						Auto	3	/
																						K control	2	/

Antibody inclusions/exclusions

- 6.2.4. Antibody specificity should only be assigned when the plasma is reactive with at least two examples of reagent red cells expressing the antigen and non-reactive with at least two examples of reagent red cells lacking the antigen
- 6.2.5. When one antibody specificity has been identified, it is essential that the presence or absence of additional clinically significant antibodies is established
- 6.2.6. Failure to recognise all of the antibody specificities within a sample may lead to a haemolytic transfusion reaction (SHOT, 1996–2010). In particular, the presence of **anti-Jk^a**, **anti-Jk^b**, **anti-S**, **anti-s**, **anti-Fy^a** and **anti-Fy^b** should be excluded using red cells having **homozygous expression** of the relevant antigen
- A single example only of each phenotype is sufficient for exclusion

I have a feeling of impending doom!



4th Investigation – Eluate NHSBT Panel 2

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	2	0	0	+	0	0	+	+	0	+	0		Wk	3
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		Wk	3
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	0		Wk	3
4	r' ['] r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		Wk	3
5	r'' ['] r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		1	3
6	rr	0	0	0	+	+	+	0	+	0	3	0	+	0	0	0	+	+	0	0	+		0	2
7	rr	0	0	0	+	+	0	+	0	+	1	0	+	+	0	+	0	0	+	+	0		Wk	3
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+		1	3
9	rr	0	0	0	+	+	+	0	0	+	1	+	0	+	0	+	0	+	0	0	+		1	3
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		1	3
																						Auto	/	/
																						K control	2	/

4th Investigation – Eluate Additional Cells

NHSBT R1R1 panel

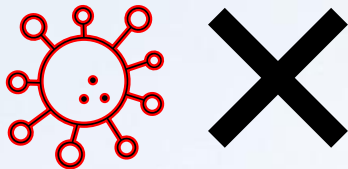
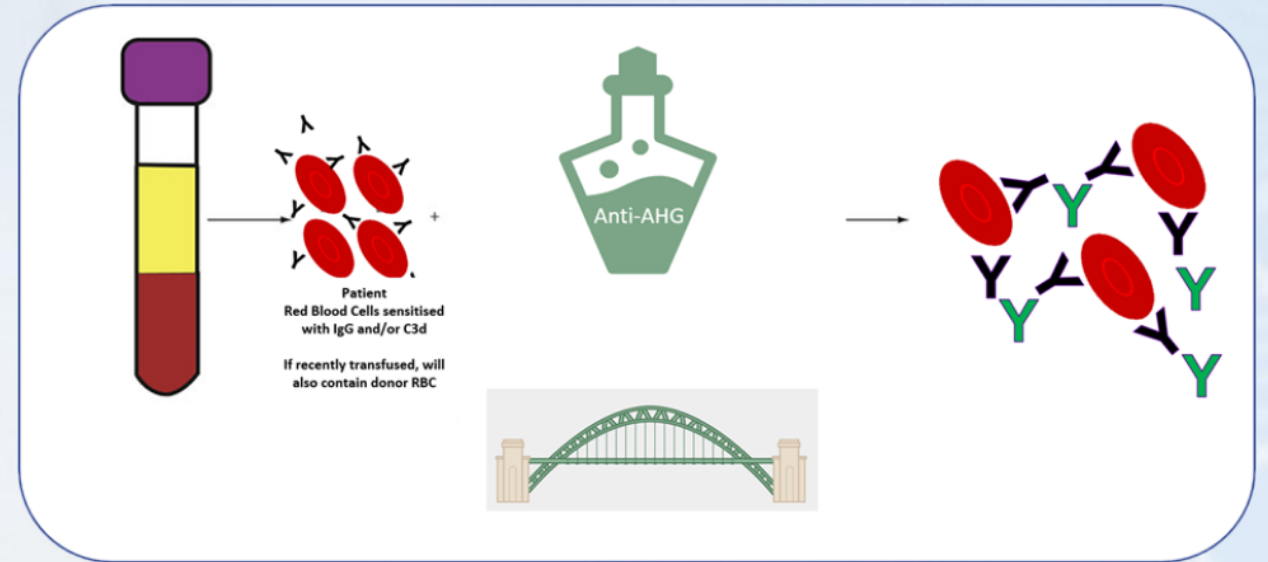
Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT
5	RoRo	+	0	0	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		2
6	R1R1	+	+	0	0	+	+	0	+	0	4	0	+	0	0	0	+	+	0	0	+		0

NHSBT R2R2 panel

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT
5	R2R2	+	0	+	+	0	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		2
6	R2R2	+	0	+	+	0	+	0	+	0	4	0	+	0	0	0	+	+	0	0	+		0

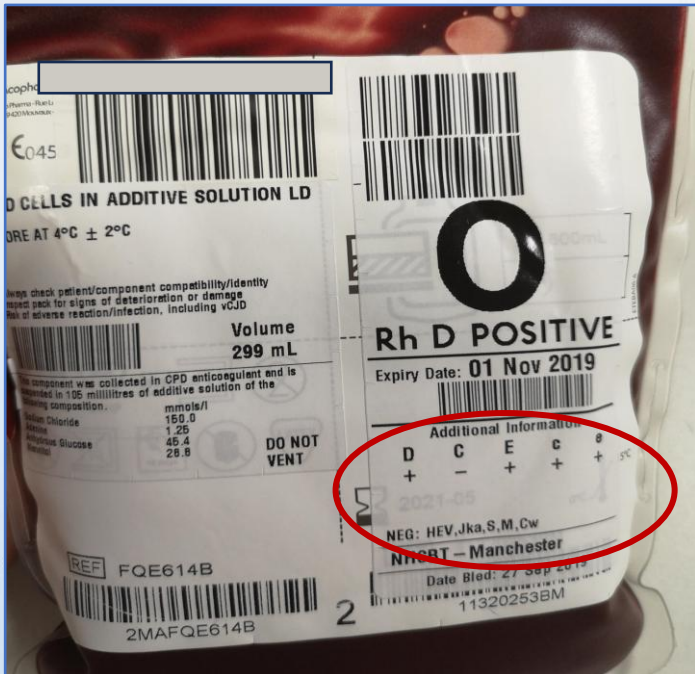
k Phenotype

- Patient's phenotype:
 - C- c+ E+ e+ K+ k?
 - Jk(a-b+)
- Anti-k antisera is IgG
- Patient has 3+ IgG pos DAT – false positive
- Patient is also recently transfused – dual population of cells



Frequency Calculations (UK donors)

- Frequency of group O ~ 45%
- Frequency of C antigen ~ 68%
- Frequency of Jka antigen ~ 76%
- Frequency of k antigen ~ 9%



- C- RBC 32%
- Jk(a-) RBC 24%
- k- RBC 0.2%
- 2 units as requested:
- Random selection: 22,604
- Group O random selection: 13,020
- This was one of the units I was crossmatching
- Was it k-?

➔ Summary

➔ **Audit**

➔ Hold

➔ **Movement**

➔ Sub Locations

➔ Blood Chars

➔ Notes

n → Pack Lot Num

Donor Details

Co ➡ Lab History

➔ Worksheets

Donation

Ch → **Amendments**

Blood Characteristics

 Result Assessment Current Tests Red Cell Seminars

 Numeric

Historic

Prioritise

 Export To Excel

Donor Results

Rh Genotype **R2r**

+	-	+	+	+	-	-		-					+	P								-	+	
D	C	E	c	e	Cw	M	N	S	s	P1	Lua	Lub	K	k	Kpa	Kpb	Lea	Leb	Fya	Fyb	Jka	Jkb	A1	

[illegible]

Label Results

Rh Genotype **R2r**

CMV Antibody

Irregular Antibody

Characteristic	Donation Result	Donor Result	Label Result	Description
ABOGR	O	O	O	ABO Group
ANTS	-	-	-	Antibody Screen
CMVAB	NT	+	NT	CMV Antibody Screen
JK001	NT	-	-	Jka
JK002	NT	+	+	Jkb
KE001	+	+	+	K
KE002	NT	D	D	(k)

Serology Search Products + -

Action ▾

 View Details

 Print ▾

 Export To Excel

 Options

<> 4 units found / 0 Selected

NT = Testing

Site /

Location /

 Exclude Blood Chars

Show additional
Show test results

Pack Details

Additional Information

Test Results

ABO/Rh	Donation	Product	Bled Date	Status	Preferred Loc	Cat. /	C	Jka	(k)	Test Value
--------	----------	---------	-----------	--------	---------------	--------	---	-----	-----	------------

- Site: T7

- Location: 0013

☐	O-		0054	06/11/2019	V - Reserved		H	-	-	-	0
☐	O-		0054	05/11/2019	V - Reserved		H	-	-	-	0

- Location: 0029

☐	O-		0054	12/11/2019	S - Validated		H	-	-	-	0
--------------------------	----	--	------	------------	---------------	--	---	---	---	---	---

- Site: W1

- Location: 0013

☐	O-		0054	08/11/2019	V - Reserved		M	-	-	N	0
--------------------------	----	--	------	------------	--------------	--	---	---	---	---	---

Results 03/10/19

- Enzyme only Alloanti-C
- Previously reported Alloanti-Jka
- DAT 3+ IgG – eluate: anti-k and pan enzyme
- 2 units O, C- Jka- k- ordered and issued following day
- Updated antibody card issued



- Couldn't perform k phenotyping due to IgG pos DAT and recent transfusion
- Genotype performed on subsequent sample
- Confirmed as K+ k-

Mr Patient
DOB: xx/xx/xx

Group: O RhD Pos

Antibodies:
■■■■ ■■■■
Anti-C, anti-Jka, anti-k

Key Testing Tools – session 1

- Patient history
- Antibody screen
- Grading
- Antibody identification
- Inclusions and exclusions
- Antibody panel cells (IAT and enzyme)
- Antigram (panel sheet)
- Clinical significance of antibodies
- Phenotyping/genotyping
- Direct antiglobulin test
- Elution

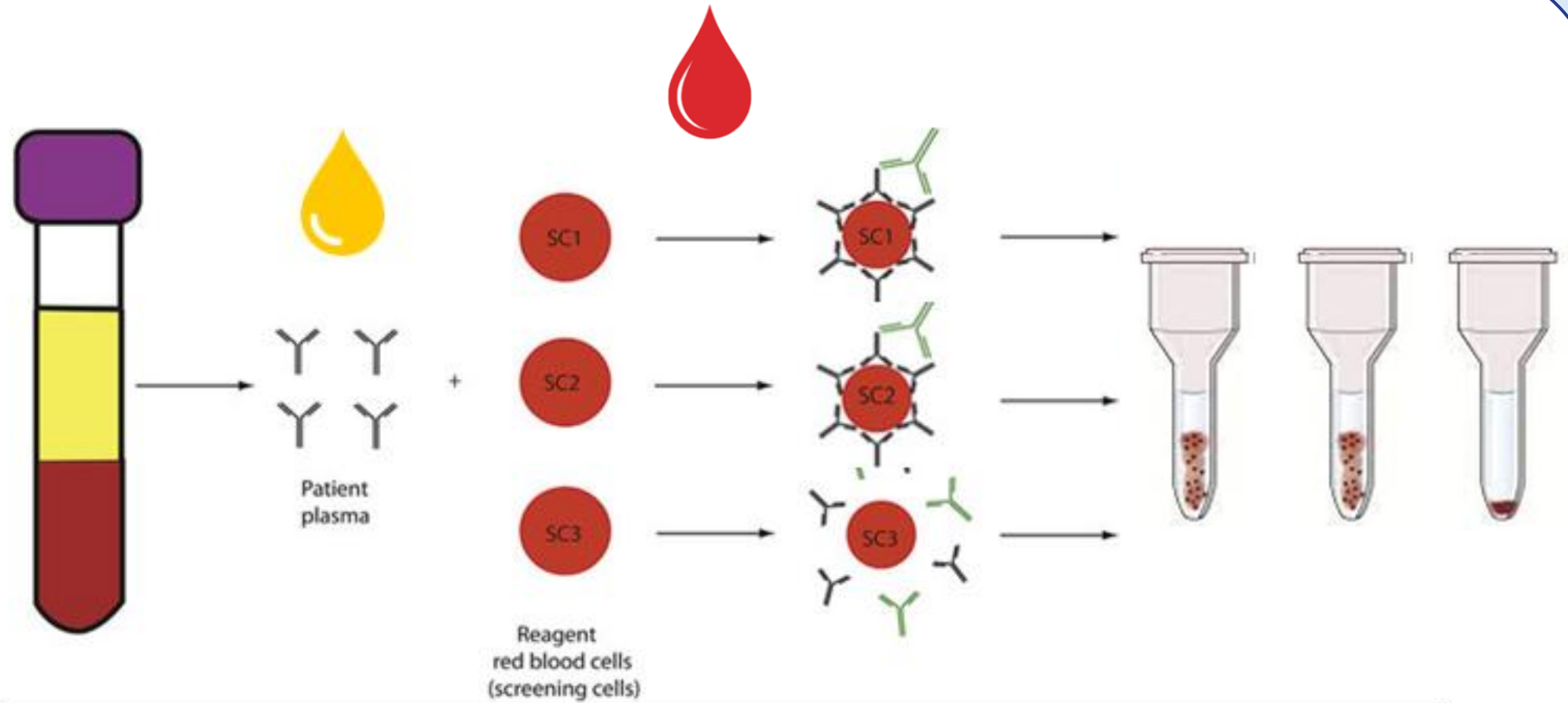
Modification

- As well as using rare cells to identify high incidence antibodies, the red cells or plasma can be modified to assist ABID – can be used to stop interference from certain antibodies
- DTT – treated red cells - anti-CD38
- Neutralisation with AB serum – Chido/Rogers
- Inhibition with soluble recombinant proteins – Knops, anti-CD38
- Alloadsorption – pan-reactive autoantibodies, complex mixtures, separation

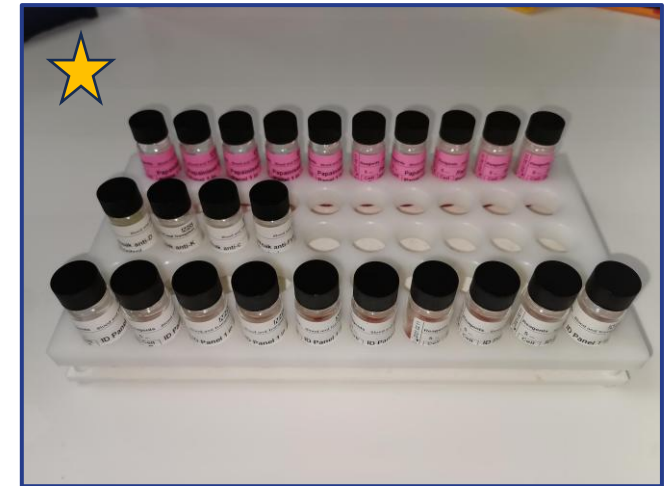
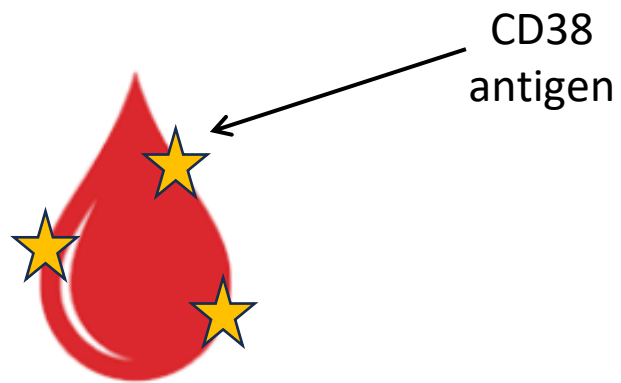
DTT Treatment

- Dithiothreitol (DTT)
- Reducing agent that breaks disulphide bridges
- Really useful in Blood Banking for ABID for patient's receiving anti-CD38 therapy
- When reagent red cells are treated with DTT, it disrupts the CD38 antigen structure
- Also denatures DTT sensitive antigens, such as Kell system

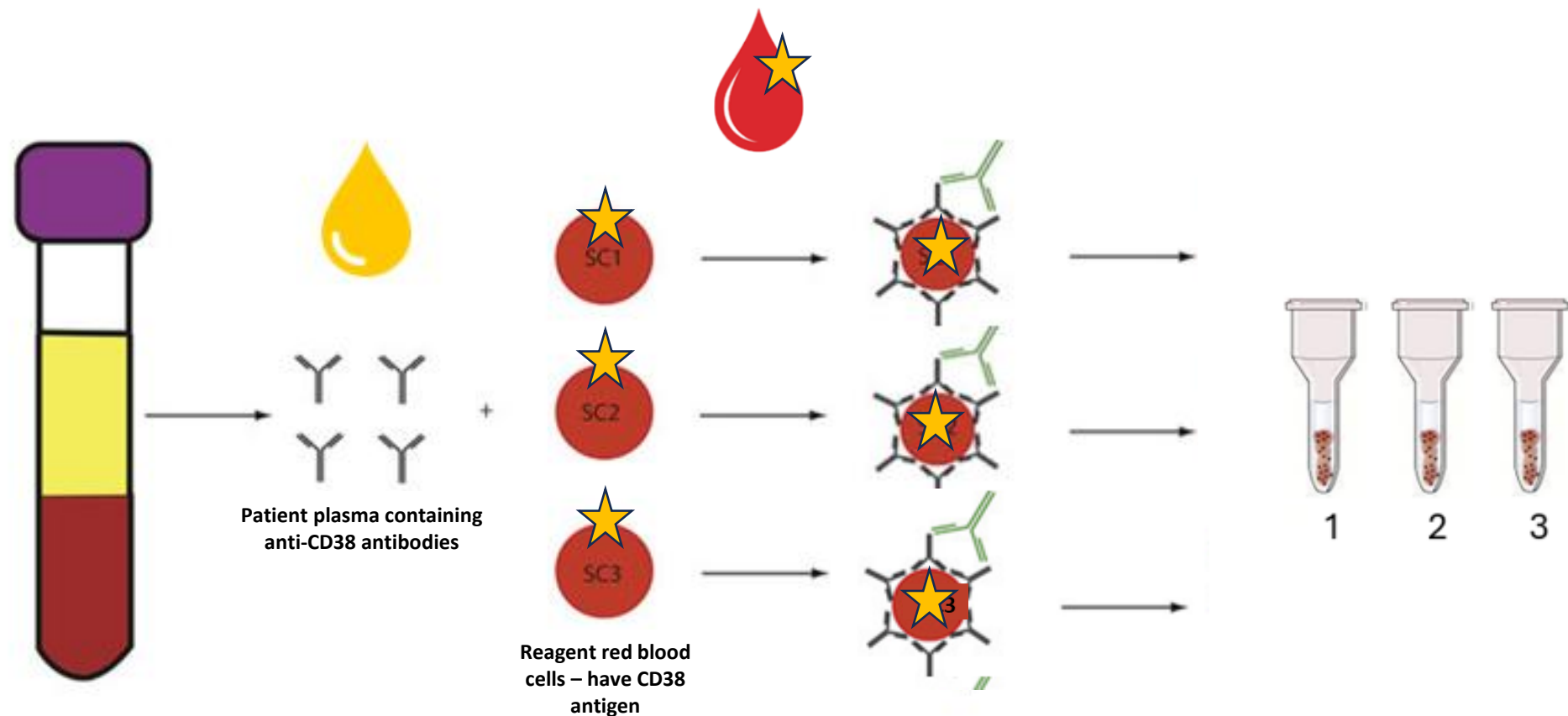
Antibody Identification



Reagent red cells



Anti-CD38 patient



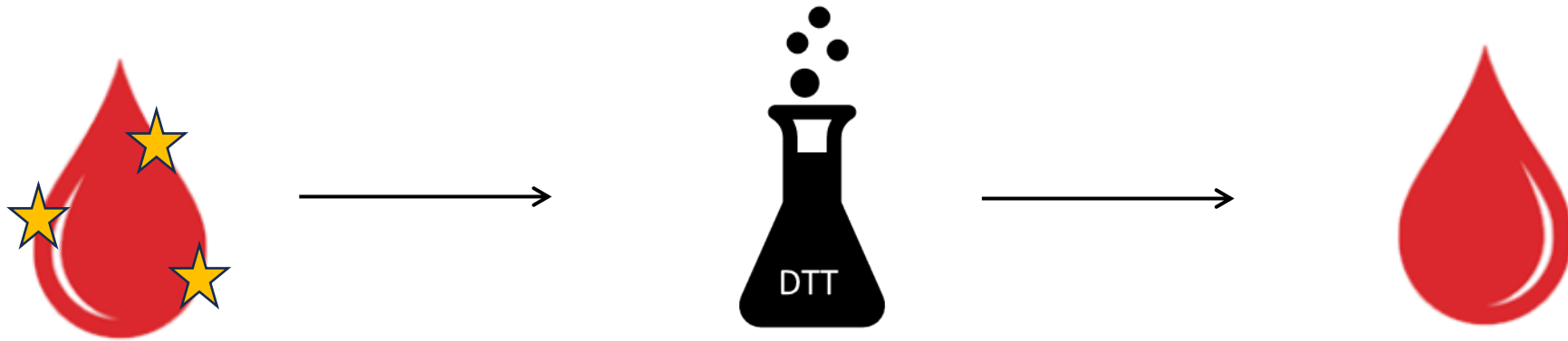
Anti-CD38 - what you'd typically see



Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	0	+	0	+	3	0	0	+	0	0	+	0	+	0	+		2	2
2	R ₁ R ₁	+	+	0	0	+	+	0	+	0	0	0	+	+	0	+	0	+	0	+	0		2	2
3	R ₂ R ₂	+	0	+	+	0	0	+	0	+	2	0	0	+	0	0	+	0	+	+	0		2	2
4	r'r	0	+	0	+	+	+	0	0	+	2	0	0	+	0	0	+	+	0	+	0		2	2
5	r''r	0	0	+	+	+	+	0	+	0	0	0	0	+	0	0	+	+	0	0	+		2	2
6	rr	0	0	0	+	+	0	+	0	+	4	0	+	0	0	0	+	0	+	0	+		2	2
7	rr	0	0	0	+	+	0	+	+	0	4	+	0	+	0	+	0	0	+	+	0		2	2
8	rr	0	0	0	+	+	+	0	+	0	0	0	0	+	+	0	0	0	+	0	+		2	2
9	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	0	+	0	+	0	0	+		2	2
10	rr	0	0	0	+	+	0	+	0	+	2												2	2
																						Auto	0	/
																						K control	2	/

Pan-reactive antibody
Unable to see if there are underlying
alloantibodies

DTT treatment of RBC



Also removes DTT
sensitive RBC
antigens

DTT panel - what you'd typically see

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT											
1	R ₁ ^w R ₁	+	+	0	0	+	0	+	0	+	3	0	0	+	0	0	+	0	+	0	+		0											
2	R ₁ R ₁	+	+	0	0	+	+	0	+	0	0	0	+	+	0	+	0	+	0	+	0		0											
3	R ₂ R ₂	+	0	+	+	0	0	+	0	+	2	0	0	+	0	0	+	0	+	+	0		0											
4	r ['] r	0	+	0	+	+	+	0	0	+	2	0	0	+	0	0	+	+	0	+	0		0											
5	r ^{''} r	0	0	+	+	+	+	0	+	0	0	0	0	+	0	0	+	+	0	0	+		0											
6	rr	0	0	0	+	+	0	+	0	+	4	0	+	0	0	0	+	0	+	0	+		0											
7	rr	0	0	0	+	+	0	+	+	0	4	+	0	+	0	+	0	0	+	+	0		0											
8	rr	0	0	0	+	+	+	0	+	0	0	0	0	+	+	0	0	0	+	0	+		0											
9	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	0	+	0	+	0	0	+		0											
10	rr	0	0	0	+	+	0	+	0	+	Pan-reactive antibody No underlying alloantibodies Cannot exclude Kell system antibodies											0		0										
																																	Auto	0
																																		+ control



Or it could be like this...

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT			
1	R ₁ ^w R ₁	+	+	0	0	+	0	+	0	+	3	0	0	+	0	0	+	0	+	0	+		2			
2	R ₁ R ₁	+	+	0	0	+	+	0	+	0	0	0	+	+	0	+	0	+	0	+	0		0			
3	R ₂ R ₂	+	0	+	+	0	0	+	0	+	2	0	0	+	0	0	+	0	+	+	0		2			
4	r ['] r	0	+	0	+	+	+	0	0	+	2	0	0	+	0	0	+	+	0	+	0		0			
5	r ^{''} r	0	0	+	+	+	+	0	+	0	0	0	0	+	0	0	+	+	0	0	+		0			
6	rr	0	0	0	+	+	0	+	0	+	4	0	+	0	0	0	+	0	+	0	+		2			
7	rr	0	0	0	+	+	0	+	+	0	4	+	0	+	0	+	0	0	+	+	0		2			
8	rr	0	0	0	+	+	+	0	+	0	0	0	0	+	+	0	0	0	+	0	+		2			
9	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	0	+	0	+	0	0	+		0			
10	rr	0	0	0	+	Pan-reactive antibody Anti-Fy ^b underlying Cannot exclude Kell system antibodies											+	+	0	+	0		0			
																								Auto	0	
																									+ control	2

Pan-reactive antibody
Anti-Fy^b underlying
Cannot exclude Kell system antibodies



Blood selection

- BSH guidelines
- ABO, D and K compatible, extended Rh matched
- Antigen negative for any clinically significant alloantibodies
- Any special requirements for the patient



Neutralisation/Inhibition

- Useful tool for 'nuisance' antibodies
- Patient serum or plasma is pre-incubated with reagent before the addition of the neutralised/inhibited patient sample to panel red blood cells
- Chido/Rogers (Ch/Rg)
 - Antibodies bind C4 complement proteins
 - Antibodies are neutralised by adding excess complement (AB serum)

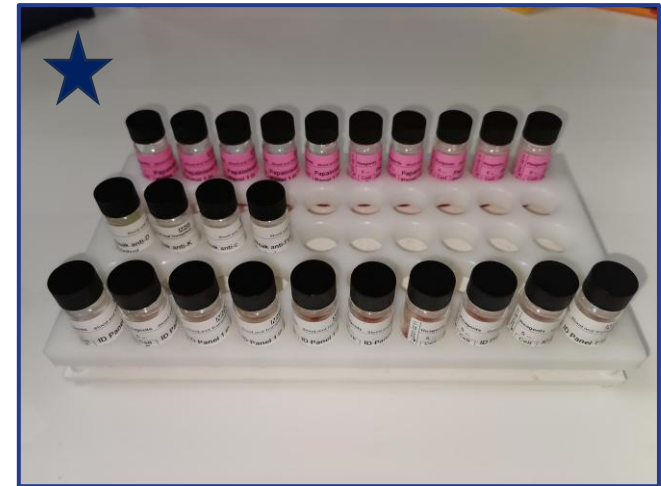
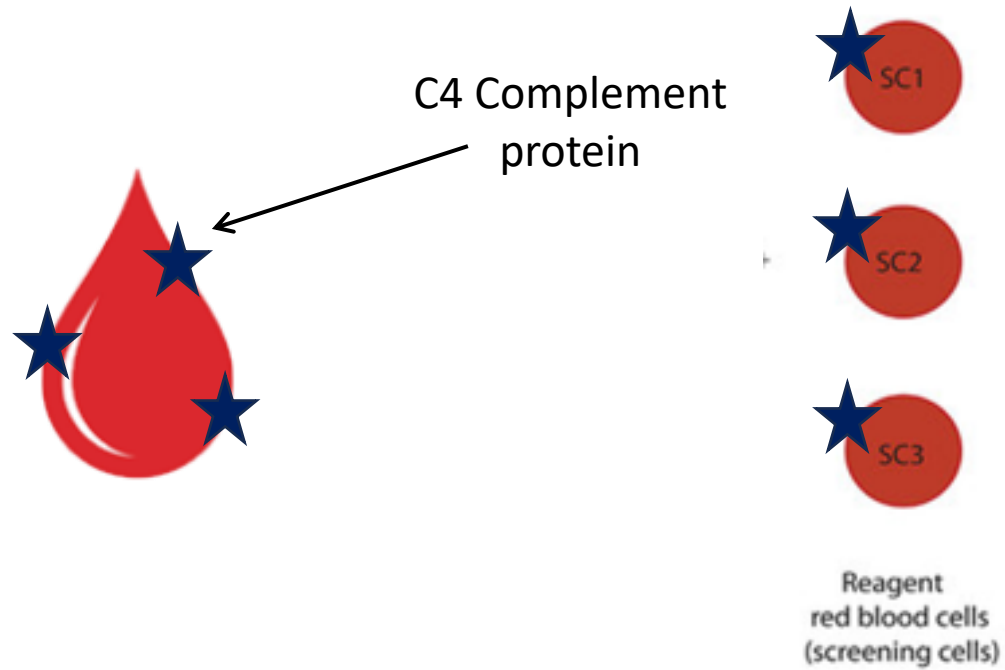


Neutralisation/Inhibition

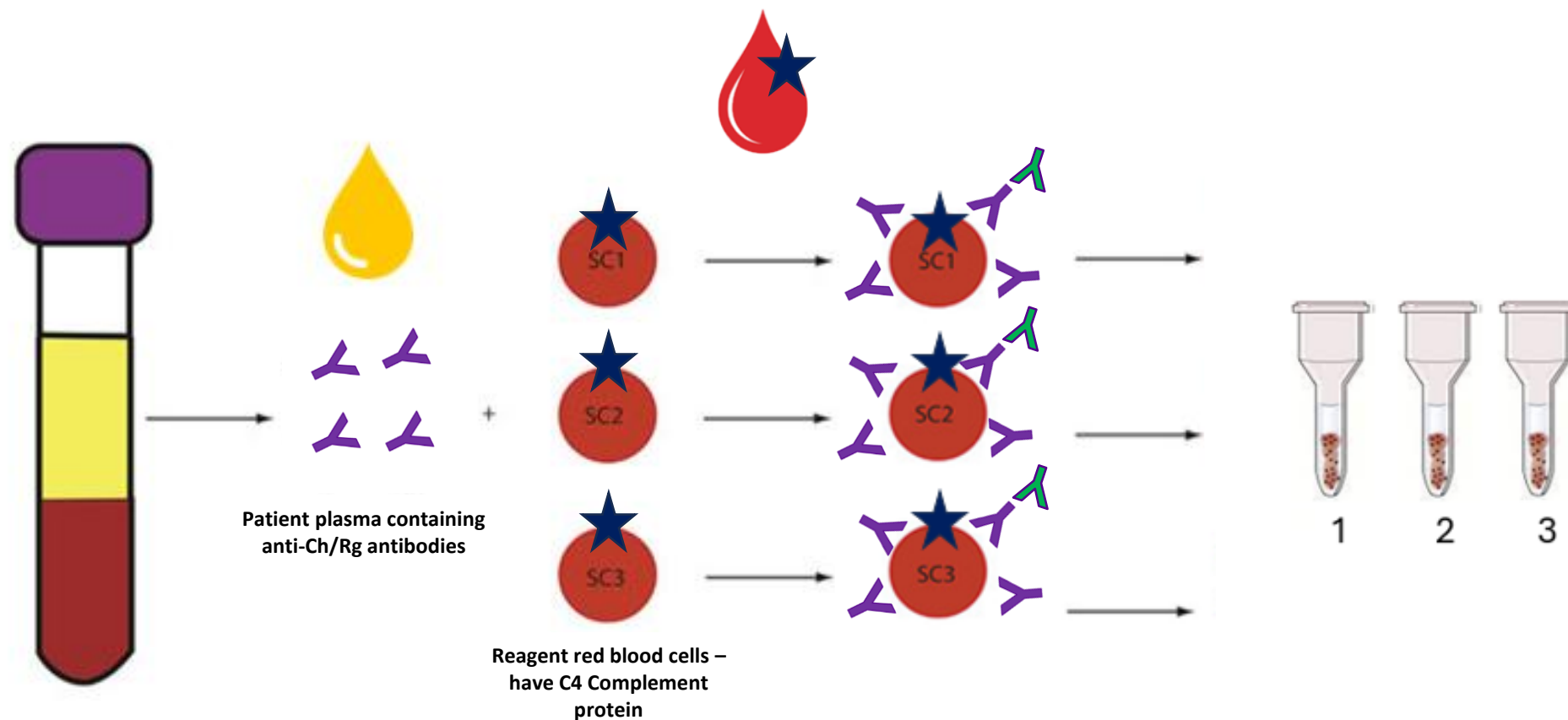
- Knops-McCoy
 - Antibodies bind complement receptor 1 (CR1)
 - Antibodies are inhibited by using soluble recombinant protein
 - Knops Inhibition Reagent (KNIR) - srCR1-LHR-C + srCR1-LHR-D
- CD38 monoclonal antibody therapy
 - Anti-CD38 binds CD38 antigen
 - Antibodies are inhibited by using soluble recombinant protein
 - srCD38
 - srCD38 has no reactivity with clinically significant red cell antibodies
 - Can therefore exclude DTT sensitive antigens (such as Kell system)



Reagent red cells



Anti-Ch/Rg



Anti-Ch/Rg - what you'd typically see

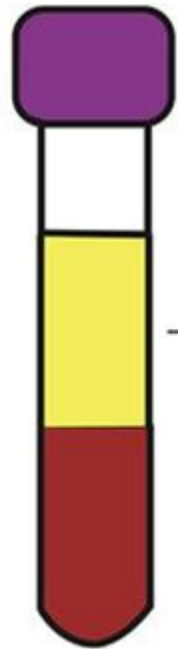


Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	0	+	0	+	3	0	0	+	0	0	+	0	+	0	+		2	0
2	R ₁ R ₁	+	+	0	0	+	+	0	+	0	0	0	+	+	0	+	0	+	0	+	0		2	0
3	R ₂ R ₂	+	0	+	+	0	0	+	0	+	2	0	0	+	0	0	+	0	+	+	0		2	0
4	r'r	0	+	0	+	+	+	0	0	+	2	0	0	+	0	0	+	+	0	+	0		2	0
5	r''r	0	0	+	+	+	+	0	+	0	0	0	0	+	0	0	+	+	0	0	+		2	0
6	rr	0	0	0	+	+	0	+	0	+	4	0	+	0	0	0	+	0	+	0	+		2	0
7	rr	0	0	0	+	+	0	+	+	0	4	+	0	+	0	+	0	0	+	+	0		2	0
8	rr	0	0	0	+	+	+	0	+	0	0	0	0	+	+	0	0	0	+	0	+		2	0
9	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	0	+	0	+	0	0	+		2	0
10	rr	0	0	0	+	+	0	+	0	+	2												2	0
																						Auto	0	
																						K control	2	

Pan-reactive antibody by IAT.
Unable to see if there are underlying
alloantibodies



AB Serum

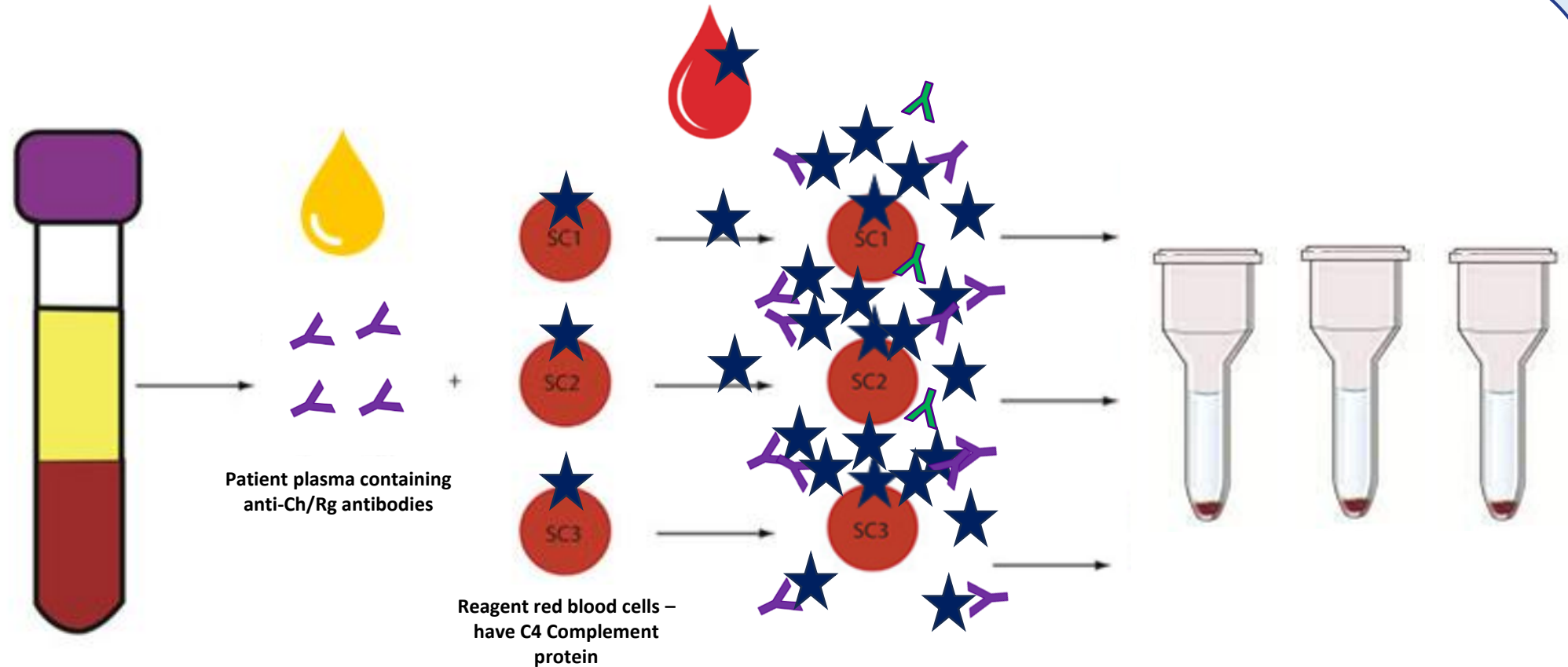


Patient plasma containing
anti-Ch/Rg antibodies



Excess of C4 Complement
protein neutralises Ch/Rg
antibody

Anti-Ch/Rg + AB serum



AB Serum - what you'd typically see



Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	AB serum	PBS	EIAT
1	R ₁ wR ₁	+	+	0	0	+	0	+	0	+	3	0	0	+	0	0	+	0	+	0	+		2	0	2	0
2	R ₁ R ₁	+	+	0	0	+	+	0	+	0	0	0	+	+	0	+	0	+	0	+	0		2	0	2	0
3	R ₂ R ₂	+	0	+	+	0	0	+	0	+	2	0	0	+	0	0	+	0	+	+	0		2	0	2	0
4	r'r	0	+	0	+	+	+	0	0	+	2	0	0	+	0	0	+	+	0	+	0		2	0	2	0
5	r''r	0	0	+	+	+	+	0	+	0	0	0	0	+	0	0	+	+	0	0	+		2	0	2	0
6	rr	0	0	0	+	+	0	+	0	+	4	0	+	0	0	0	+	0	+	0	+		2	0	2	0
7	rr	0	0	0	+	+	0	+	+	0	4	+	0	+	0	+	0	0	+	+	0		2	0	2	0
8	rr	0	0	0	+	+	+	0	+	0	0	0	0	+	+	0	0	0	+	0	+		2	0	2	0
9	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	0	+	0	+	0	0	+		2	0	2	0
10	rr	0	0	0	+	+	0	+	0	+	2	+	0	+	0	0	+	+	0	+	0		2	0	2	0
											Anti-Ch/Rg is neutralised. PBS control used to show negativity is not due to dilution											Auto	0	/	/	/
																						K control	2	/	/	/



Soluble recombinant proteins



Anti-CR1 (Knops) - what you'd typically see★

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	0	+	0	+	3	0	0	+	0	0	+	0	+	0	+		2	3
2	R ₁ R ₁	+	+	0	0	+	+	0	+	0	0	0	+	+	0	+	0	+	0	+	0		2	3
3	R ₂ R ₂	+	0	+	+	0	0	+	0	+	2	0	0	+	0	0	+	0	+	+	0		2	3
4	r'r	0	+	0	+	+	+	0	0	+	2	0	0	+	0	0	+	+	0	+	0		2	3
5	r''r	0	0	+	+	+	+	0	+	0	0	0	0	+	0	0	+	+	0	0	+		2	3
6	rr	0	0	0	+	+	0	+	0	+	4	0	+	0	0	0	+	0	+	0	+		2	3
7	rr	0	0	0	+	+	0	+	+	0	4	+	0	+	0	+	0	0	+	+	0		2	3
8	rr	0	0	0	+	+	+	0	+	0	0	0	0	+	+	0	0	0	+	0	+		2	3
9	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	0	+	0	+	0	0	+		2	3
10	rr	0	0	0	+	+	0	+	0	+	2	Pan-reactive antibody Unable to see if there are underlying alloantibodies											2	3
																						Auto	0	
																						K control	2	



KNIR- what you'd typically see



Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT	KNIR	PBS
1	R ₁ wR ₁	+	+	0	0	+	0	+	0	+	3	0	0	+	0	0	+	0	+	0	+		2	3	0	2
2	R ₁ R ₁	+	+	0	0	+	+	0	+	0	0	0	+	+	0	+	0	+	0	+	0		2	3	0	2
3	R ₂ R ₂	+	0	+	+	0	0	+	0	+	2	0	0	+	0	0	+	0	+	+	0		2	3	0	2
4	r'r	0	+	0	+	+	+	0	0	+	2	0	0	+	0	0	+	+	0	+	0		2	3	0	2
5	r''r	0	0	+	+	+	+	0	+	0	0	0	0	+	0	0	+	+	0	0	+		2	3	0	2
6	rr	0	0	0	+	+	0	+	0	+	4	0	+	0	0	0	+	0	+	0	+		2	3	0	2
7	rr	0	0	0	+	+	0	+	+	0	4	+	0	+	0	+	0	0	+	+	0		2	3	0	2
8	rr	0	0	0	+	+	+	0	+	0	0	0	0	+	+	0	0	0	+	0	+		2	3	0	2
9	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	0	+	0	+	0	0	+		2	3	0	2
10	rr	0	0	0	+	+	0	+	0	+	2	+	0	+	0	+	0	+	0	0	+		2	3	0	2
																							0	/	/	/
																							2	/	/	/

Anti-Knops-McCoy neutralised. PBS control used to show negativity is not due to dilution

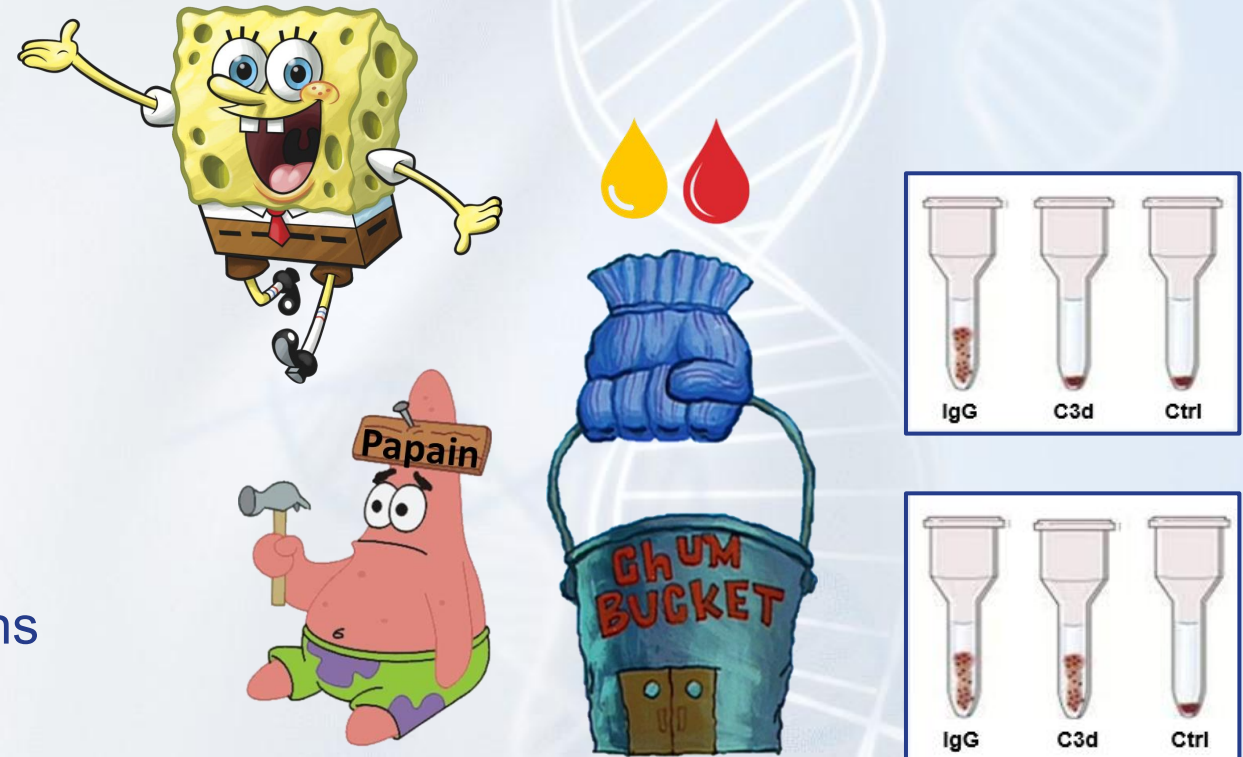
Alloadsorption

- Time to introduce Spongebob alloadsorption pants!



Alloadsorption

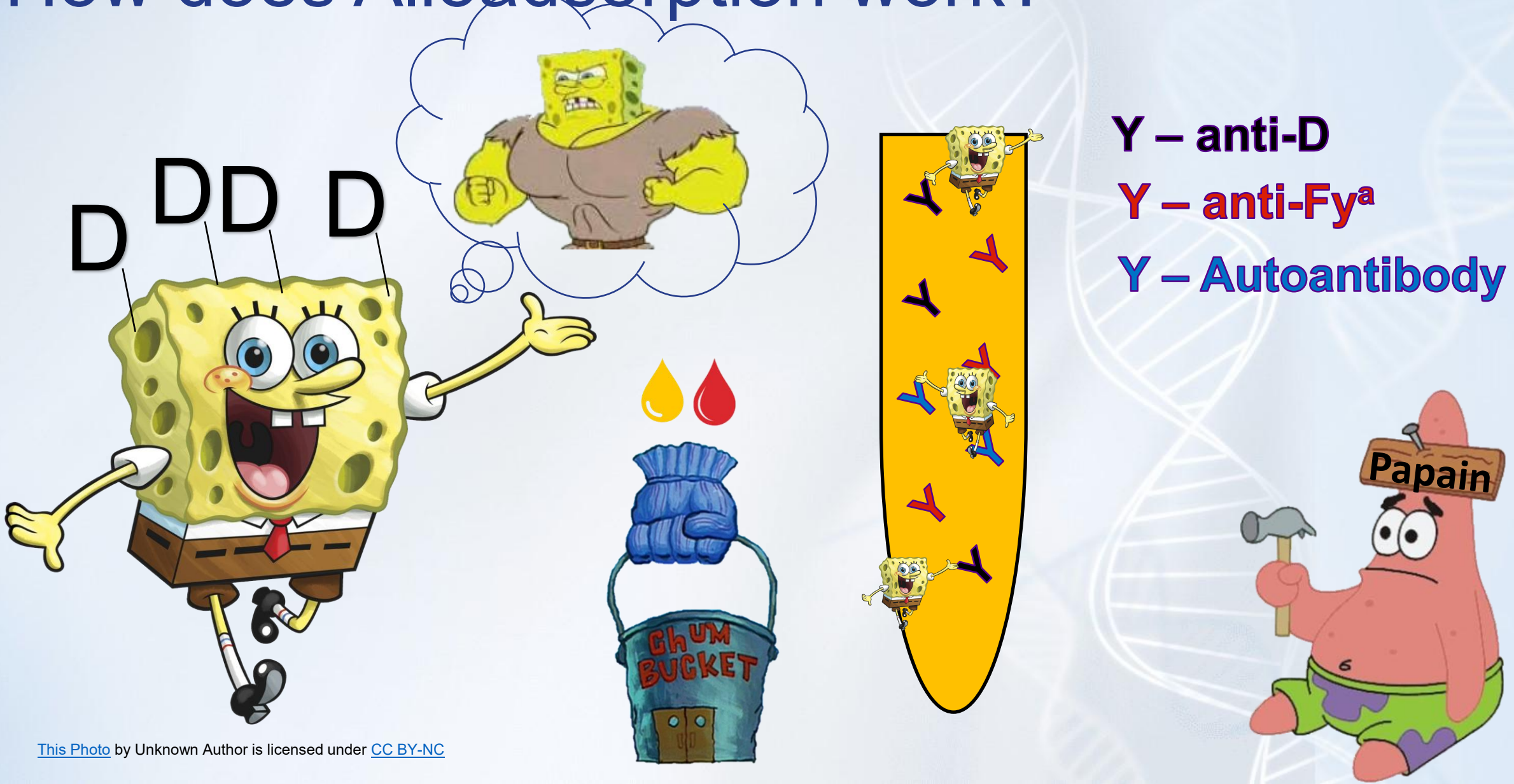
- Interpretation of positive DATs must include the patient's history, clinical data, and the results of other laboratory tests
- Auto Immune Haemolytic Anaemia (AIHA)
- Pan-reactive antibody
- Positive auto control
- DAT: pos IgG +/-C3d
- May need to perform an alloadsorption
- Must understand antibody/antigens interactions



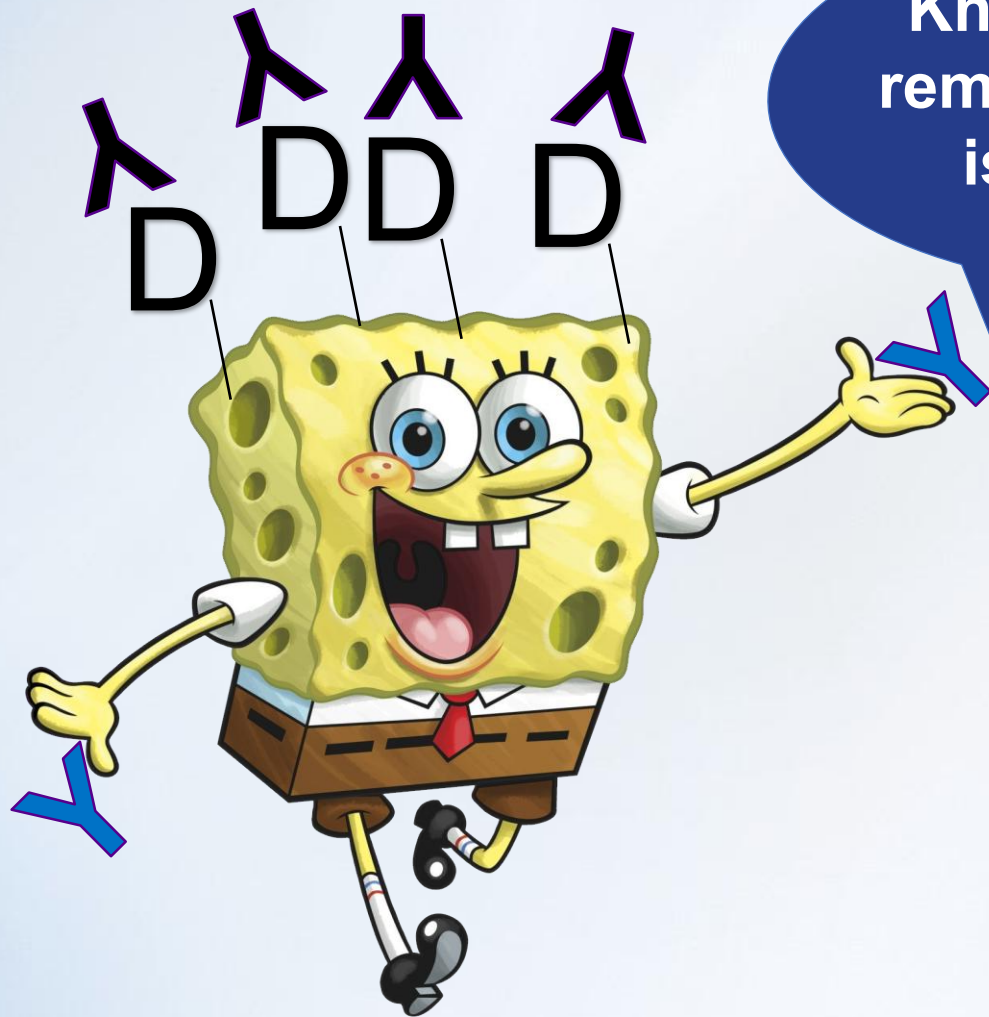
Pan reactive - what you'd typically see

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0	0	+	+	0	+	0		4	5
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		4	5
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	+		4	5
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		4	5
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		4	5
6	rr	0	0	0	+	+	Are there any underlying alloantibodies?							0	0	0	+	+	0	0	+		4	5
7	rr	0	0	0	+	+								+	0	+	0	0	+	+	0		4	5
8	rr	0	0	0	+	+								+	+	0	+	0	+	0	+		4	5
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		4	5
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		4	5
																						Auto	4	/
																						+ control	2	/

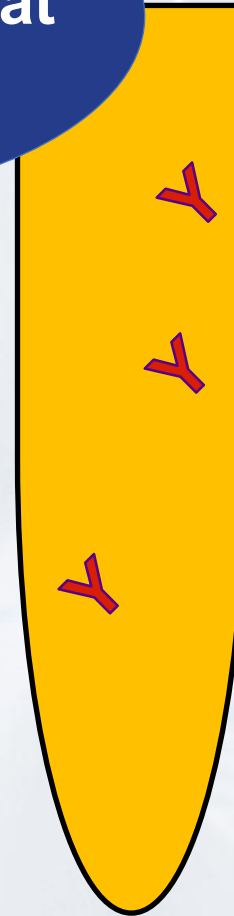
How does Alloadsorption work?



How does Alloadsorption work?



Knowing what is removed and what is left behind



Y – anti-D

Y – anti-Fy^a

Y – Autoantibody

Absorption Cell Profiles

Rh	C	D	E	c	e	C ^w	K	Jk ^a	Jk ^b
R ₁ R ₁	+	+	0	0	+	0	0	+	0
rr	0	0	0	+	+	0	+	0	+

MN Ss Fya Fyb?

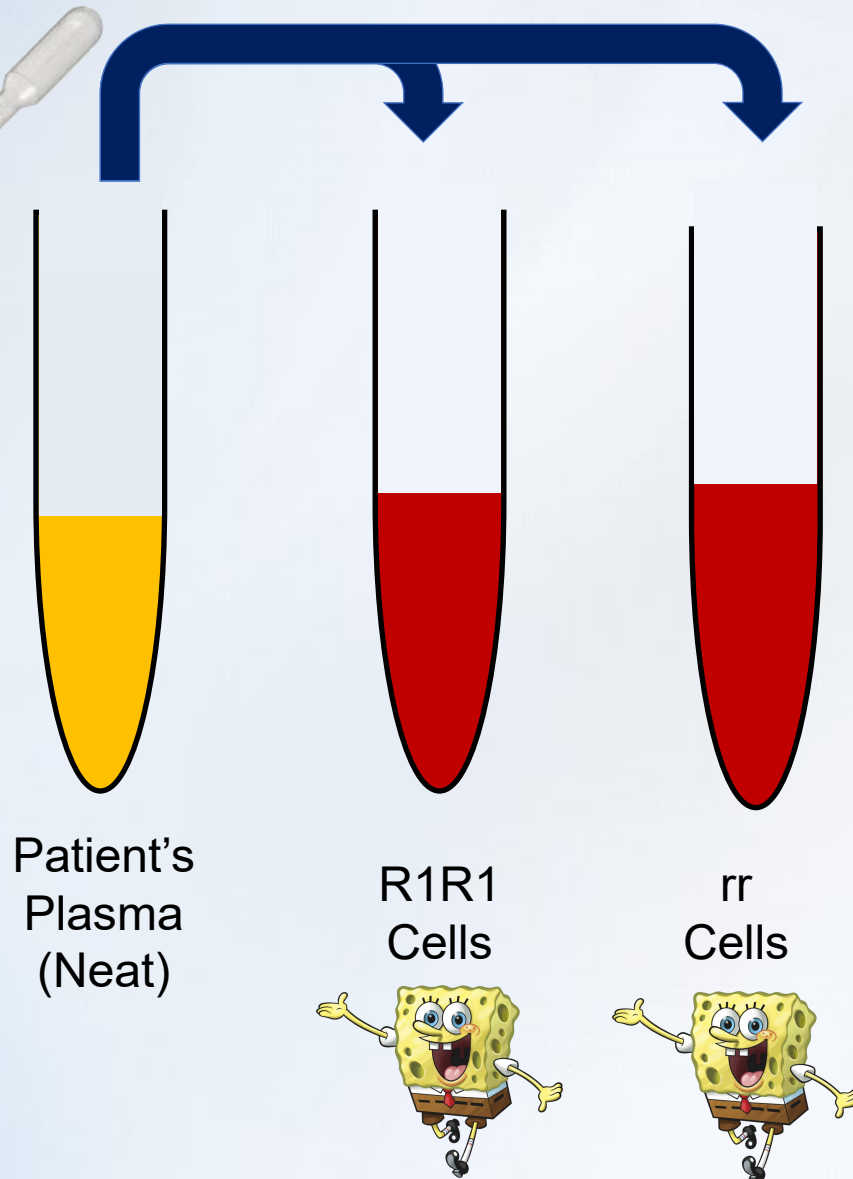
Destroyed by papain

Effectively antigen neg

Useful to know patient's extended Rh phenotype

R2R2 alloabsorption cell is available

How to do it



Sequential double adsorptions with *papainised* cells

Mix patients plasma with R1R1 papainised RBCs (D+)

Mix patients plasma with rr papainised RBCs (D-)

Incubate for 10 mins at 37°C

Can add a cold step if required

Centrifuge

Remove plasma – save each aliquot

Repeat adsorptions using each of the absorbed plasma
– R1R1 and rr

**Antigen positive absorptions cells remove the
corresponding antibody from the patient's plasma, as
well as autoantibody**

What you end up with....

Neat
Plasma



Haven't
adsorbed

Contains pan-reactive
autoantibody
Plus alloantibodies?

R1R1 (D+ C+ e+)
Adsorbed Plasma



Have adsorbed out
pan-auto
Plus anti-D and -C and
-e if they were present
Plus others depending
on cell profile

Could contain
alloantibodies

rr (D- c+ e+)
Adsorbed Plasma

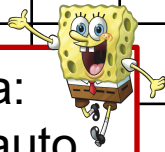
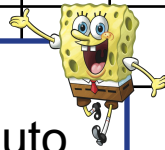


Have adsorbed out
pan-auto
Plus anti-c and -e if
they were present
Plus others depending
on cell profile

Could contain
alloantibodies

Rh	C	D	E	c	e	C ^w	K	Jk ^a	Jk ^b
R ₁ R ₁	+	+	0	0	+	0	0	+	0

ABID 1

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	Neat	R1R1	rr
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0	 R1R1 plasma: Removed pan-auto Nothing left behind							4	0	0
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0								4	0	0
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0								4	0	0
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		4	0	0
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	 rr plasma: Removed pan-auto Nothing left behind							4	0	0
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0								4	0	0
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+	0								4	0	0
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+		4	0	0
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		4	0	0
Pan-reactive autoantibody No Alloantibodies detected in the alloadsorbed plasma												0	+	0	0	+	0	+	0	+	0		4	0	0
																						Auto	4	/	/
																						+ control	2	/	/

Blood Selection

BSH Guidelines state “Serological investigations in AIHA should focus on determination of the correct ABO, CcDEe and K status of the patient, and determination of the possible presence of an underlying alloantibody”

- ABO, D and extended RhK matched
 - To prevent alloimmunisation
- Antigen negative for alloantibodies
- Suitable – the neat crossmatch is positive due to the autoantibody
- May absorb out a high incidence antibody

	Neat Plasma	R1R1 plasma	rr plasma
Donation G072 421 111 111 2	4	0	0
Auto	4	/	/
+ control	2	/	/

ABID 2

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	Neat	R1R1	rr
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0	R1R1 plasma D+ Removed pan-auto removed Anti-D							4	0	3
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0								4	0	3
3	R ₂ R ₂	+	+	0	0	+	0	+	0	+	0	0	+	+	0								4	0	3
4	r'r	0	0	0	+	+	0	+	0	+	0	0	0	+	+	Cannot remove anti-D Anti-D left behind							4	0	0
5	r''r	0	0	0	+	+	0	+	0	+	0	0	0	+	+								4	0	0
6	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+								4	0	0
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+	0	Pan-reactive autoantibody Anti-D detected in the alloadsorbed plasma (allo/auto/non-spec?)							4	0	0
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+								4	0	0
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0								4	0	0
													0	+	0	+	0	+	0	+	0		4	0	0
																						Auto	4	/	/
																						+ control	2	/	/

ABID 3

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	Neat	R1R1	rr
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0								4	2	2
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0								4	0	0
3	D ⁺ D ⁺	+	0	+	+	0	+	0	+	0	0	0	0	+	0								4	0	0
4	Rh		C		D		E		c		e		C ^w										4	0	0
5	R ₁ R ₁		+		+		0		0		+		0										4	2	2
6	rr		0		0		0		+		+		0										4	2	2
7																							4	0	0
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+								4	0	0
9	Pan-reactive autoantibody Anti-Fy ^a detected in the alloadsorbed plasma (allo/auto/non-spec?)												0	+	0	+	0	+	0	0	+		4	2	2
10													0	+	0	+	0	+	0	+	0		4	2	2
																						Auto	4	/	/
																						+ control	2	/	/

R1R1 plasma
Removed pan-auto
Cannot remove anti-Fy^a
Anti-Fy^a left behind

rr plasma D-
Removed pan-auto
Cannot remove anti-Fy^a
Anti-Fy^a left behind



ABID 4

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	Neat	R1R1	rr
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0								4	2	2
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0								4	3	0
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0								4	2	2
4	Rh	C	D	E	c	e	C ^w																4	0	0
5	R ₁ R ₁	+	+	0	0	+	0																4	0	0
6																							4	3	2
7	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+								4	3	0
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+								4	0	0
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0								4	2	2
													0	+	0								4	0	0
																						Auto	4	/	/
																						+ control	2	/	/

R1R1 plasma K-
 Removed pan-auto
 Cannot remove anti-M
 Anti-M left behind
 Cannot remove anti-K
 Anti-K left behind

rr plasma K+
 Removed pan-auto
 Cannot remove anti-M
 Anti-M left behind
 Removed anti-K

Pan-reactive autoantibody
 Anti-K and anti-M detected in the
 alloadsorbed plasma (allo/auto/non-spec?)



Are autoantibodies clinically significant?

BSH Guidelines:

“Many autoantibodies cause no clinical problems. Clinically benign autoantibodies often cause laboratory problems making determination of ABO and Rh groups problematic and preventing effective antibody screening due to cross-reacting antibody”

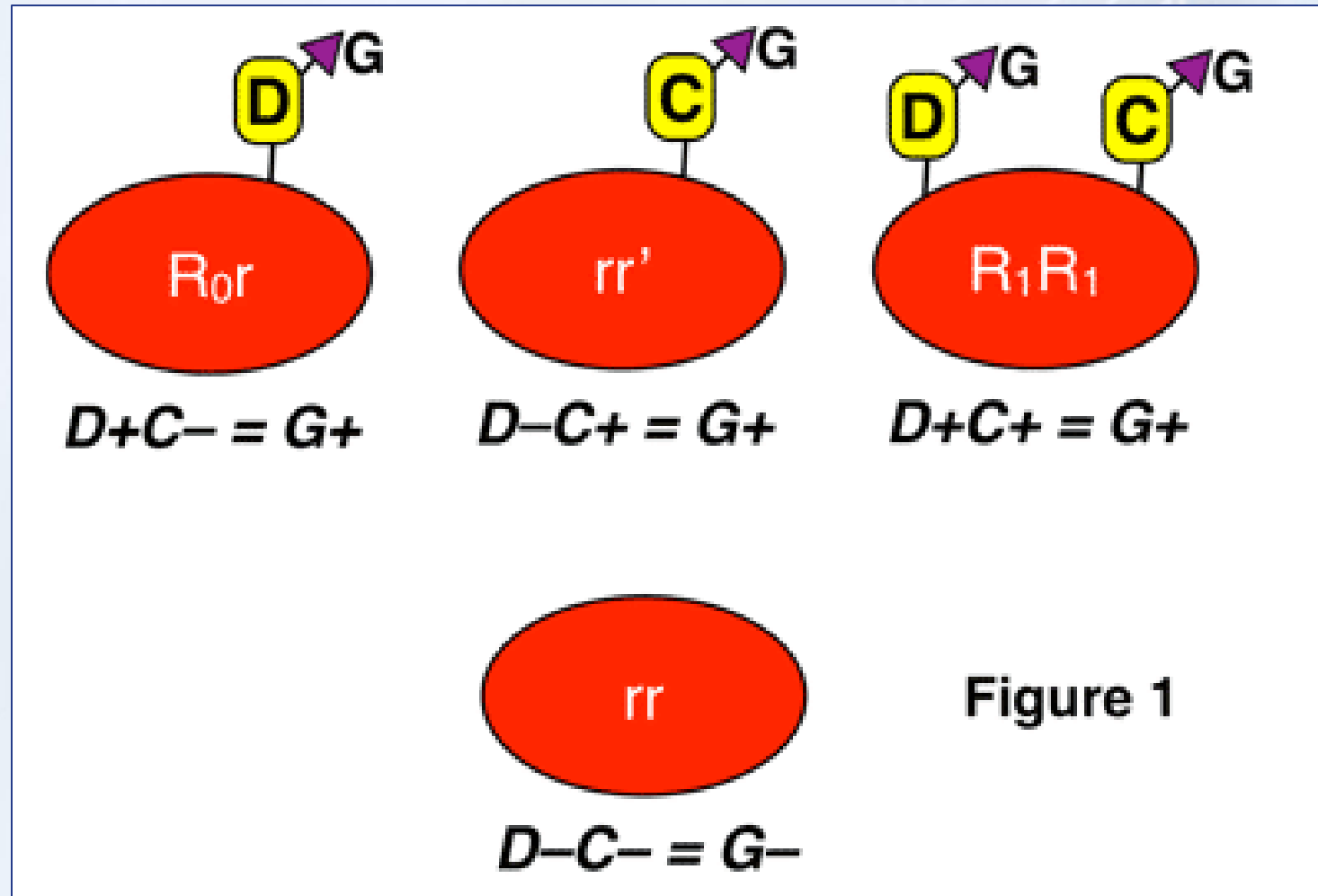
“Selection of blood for transfusion may be influenced by the presence of an autoantibody of simple or mimicking specificity (e.g. auto anti-e). However, specialist advice should be sought before selecting antigen-negative blood in these circumstances, as prevention of the development of alloantibodies is usually of more importance”



Alloadsorption – where else we can use it

- Multiple antibodies
 - Used to separate out complex mixtures of antibodies
- Anti-G investigations
 - Allows you to distinguish between anti-D, C and G
 - Blood selection
 - Prevent sensitisation
 - Eligibility for RAADP
 - Assess risk for HDFN

You've got a friend in G



Some common G pos and G neg phenotypes

Name	Pheno	G Pos	Name	Pheno	G neg
R1R1	DCe/DCe	D+ C+ G+	rr	dce/dce	D- C- G-
R2R2	DcE/DcE	D+ C- G+	r''r''	dcE/dcE	D- C- G-
r'r	dCe/dCe	D- C+ G+	r''r	dcE/dce	D- C- G-
R1R2	DCe/DcE	D+ C+ G+			
RO	Dce/Dce	D+ C- G+			
R1r	DCe/dce	D+ C+ G+			
R2r	DcE/dce	D+ C- G+			

Not really 'common'

Anti-D

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	+	0	0	0	+	0	0	+	+	0	+	0		3	5
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		3	5
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	0		4	5
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		0	0
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		0	0
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0	0	+	+	0	0	+		0	0
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+	0	+	0	0	+	+	0		0	0
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+		0	0
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		0	0
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		0	0
																						Auto	0	/
																						K control	2	/

Anti-C

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	+	0	0	0	+	0	0	+	+	0	+	0		3	5
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		3	5
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	0		0	0
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		3	5
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		0	0
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0	0	+	+	0	0	+		0	0
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+	0	+	0	0	+	+	0		0	0
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+		0	0
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		0	0
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		0	0
																						Auto	0	/
																						K control	2	/

Anti-D + C

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	+	0	0	0	+	0	0	+	+	0	+	0		3	5
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		3	5
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	0		4	5
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		3	5
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		0	0
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0	0	+	+	0	0	+		0	0
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+	0	+	0	0	+	+	0		0	0
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+		0	0
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		0	0
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		0	0
																						Auto	0	/
																						K control	2	/

Anti-G (cannot excluded anti-D or C)

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	+	0	0	0	+	0	0	+	+	0	+	0		4	5
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		4	5
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	0		3	4
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		3	4
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		0	0
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0	0	+	+	0	0	+		0	0
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+	0	+	0	0	+	+	0		0	0
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+		0	0
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		0	0
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		0	0
																						Auto	0	/
																						K control	2	/

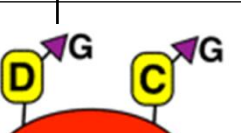
Spot the difference!

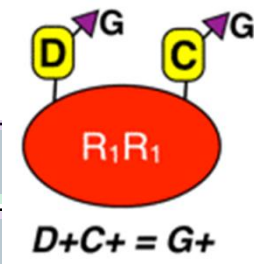
Cell																					Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1																					0	+	0		3	5
2																					+	0	+		3	5
3																					+	+	0		4	5
4																					+	+	0		3	5



There are other clues which the reference lab would use – but it can get very confusing

R2R2 cells have more D antigen sites than R1R1 (steric hinderance) so with anti-D + C, you expect to see stronger reaction vs R2R2

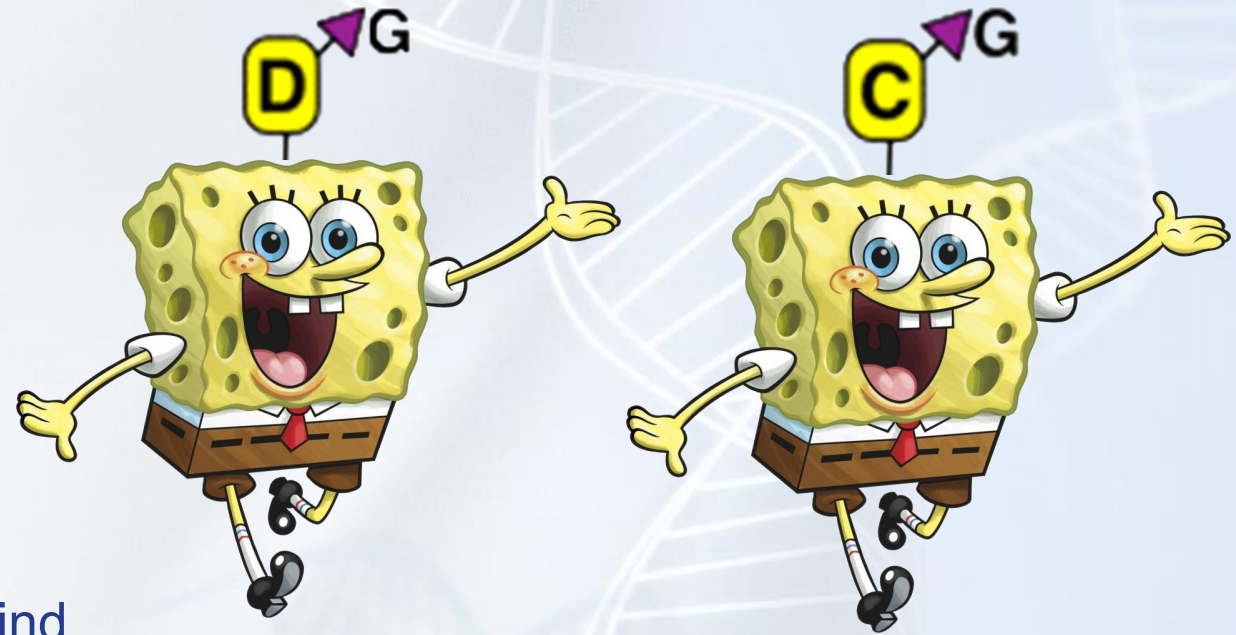
Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a		IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	+	0	0	0	+	0	0	+	+	0	+		4	5
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	<i>D+C+ = G+</i>	4	5
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	0	3	4
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0	3	4



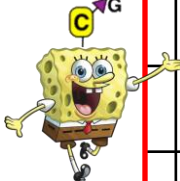
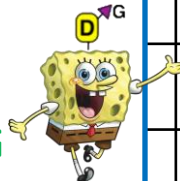
Weaker reaction vs R2R2 cell *indicates* anti-G. It *does not* exclude anti-D and/or C

G Alloadsorption

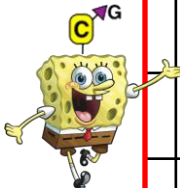
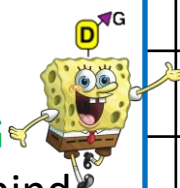
- Same procedure as for AIHA/pos DAT alloadsorptions
- Panel profiles are different
 - Ror (D+C-G+)
 - r'r (D-C+G+)
- Knowing what is removed and what is left behind



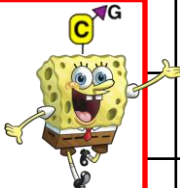
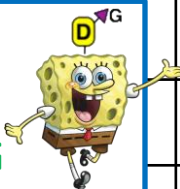
If you have anti-D, C and G

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Neat IAT	r'r IAT	Ror IAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	+	0	0	0	+	r'r plasma: removed anti-C and G leaves anti-D behind 						0	4	2	3
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+							+	4	2	3
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+							0	3	2	0
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0	3	0	3
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	Ror plasma: removed anti-D and G leaves anti-C behind 						+	0	0	0
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0							+	0	0	0
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+							0	0	0	0
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+	0	0	0
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	Neat plasma Therefore contains anti-D+C+G						+	0	0	0
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+							0	0	0	0
																					Auto	0	/	/
																					K control	2	/	/

If you have anti-D and G

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Neat IAT	r'r IAT	Ror IAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	+	0	0	0	+	r'r plasma: removed anti-C and G leaves anti-D behind 						0	4	4	0
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+							+	4	4	0
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+							0	3	3	0
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0	3	0	0
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	Ror plasma: removed anti-D and G Nothing left behind Therefore does not contain anti-C 						+	0	0	0
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0							+	0	0	0
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+							0	0	0	0
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+							+	0	0	0
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+	0	0	0
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	Neat plasma Therefore contains anti-D+G						0	0	0	0
																					Auto	0	/	/
																					K control	2	/	/

If you have anti-C and G

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Neat IAT	r'r IAT	Ror IAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	+	0	0	0	+	r'r plasma: removed anti-C and G Nothing left behind Therefore does not contain anti-D 						0	4	0	3
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+							+	4	0	3
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+							0	3	0	0
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+							0	3	0	3
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+							+	0	0	0
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	Ror plasma: removed anti-D and G Leaves behind anti-C 						+	0	0	0
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+							0	0	0	0
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+							+	0	0	0
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+							+	0	0	0
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+							0	0	0	0
															Neat plasma Therefore contains anti-C+G						Auto	0	/	/
																					K control	2	/	/

Blood selection

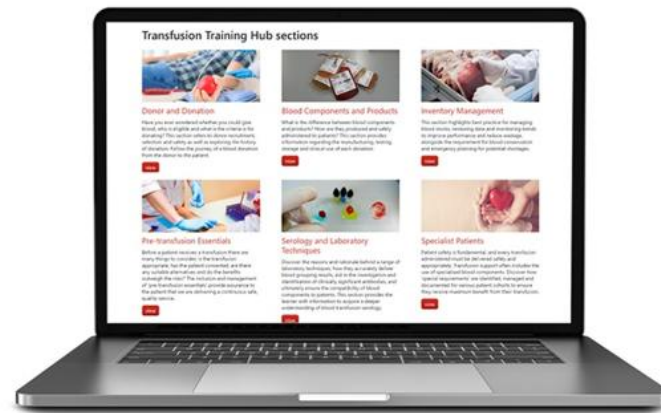
Name	Pheno	G neg	Frequency (UK donor)
rr	dce/dce	D- C- G-	~15%
r''r''	dcE/dcE	D- C- G-	<0.1%
r''r	dcE/dce	D- C- G-	0.6%

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