









REAGENT RED BLOOD CELLS FOR DETECTION OF UNEXPECTED ANTIBODIES ALBAcyte®

Antibody Screen (2-Cell) For Tube Techniques REF Z454U

- 2-3% Suspension
- No U.S. standard of potency
- Discard if markedly hemolyzed
- Preservatives:
 - chloramphenicol (0.349 g/L)
 - neomycin sulfate (0.103 g/L)

CAUTION: THE ABSENCE OF ALL VIRUSES HAS NOT BEEN DETERMINED. THIS PRODUCT HAS COMPONENTS (DROPPER BULBS) CONTAINING DRY NATURAL RUBBER.

INTERPRETATION OF LABEL SYMBOLS

	Batch Code
	Use by (YYYY-MM-DD)
	Storage temperature limitation (2-8 °C)
	In vitro diagnostic medical device
	Product code
	Consult instructions for use
	Manufacturer
	Rx only

INTENDED PURPOSE

These reagent red blood cells are intended for the detection of unexpected red blood cell antibodies in blood samples.

SUMMARY

Screening blood samples for unexpected blood group antibodies is an essential component of compatibility, ante-natal and donor testing protocols. Requirements for antibody screening of patient and donor samples differ and it is acknowledged that implementation of modern blood bank practices demands the use of a sensitive antibody screening

procedure. In this respect the quality of reagent red blood cells is of paramount importance.

For antibody screening of patient samples, reagent red blood cells should not be pooled and should display homozygous expression of a range of blood group antigens.

PRINCIPLE OF THE TEST

Antigen on reagent red blood cells will react with the corresponding antibodies present in human serum or plasma. This will cause agglutination (clumping of red blood cells), either directly or after the addition of Anti-Human Globulin (AHG) reagents.

REAGENT DESCRIPTION

These reagent red blood cells were prepared from blood donated by two Group O donors and are available as 2-3% suspensions of washed red blood cells in a preservative solution.

The preservative solution has been specially formulated to preserve red cell integrity and antigenicity and contains the following components – trisodium citrate, citric acid, dextrose, inosine and the preservatives, neomycin sulfate and chloramphenicol. The presumptive Rh genotypes of these reagent red blood cells are R₁R₂ and R₁R₂. The full antigenic profile of the individual donations is shown on the enclosed antigen profile. One or more of these red blood cells may have been held in frozen storage until required.

The volume delivered by these dropper bottles is approximately 40 µL. Bearing this in mind, care should be taken to ensure that appropriate serum:cell ratios are maintained in all test systems.

PRECAUTIONS

Store at 2-8 °C.

Do not freeze.

Do not use if obviously discolored or hemolyzed.

Do not use beyond the notified expiry date.

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 METHODS CAN OFFER ASSURANCE THAT PRODUCTS DERIVED FROM HUMAN BLOOD WILL NOT TRANSMIT INFECTIOUS AGENTS.

This product has components (dropper bulbs) containing dry natural rubber. This reagent is for *in vitro* diagnostic use only.

SPECIMEN COLLECTION AND PREPARATION

Specimens should be collected by a standard collection technique with or without an anticoagulant. The specimen should be tested as soon as possible after collection. If testing is delayed, the specimen should be stored at refrigerated temperatures. Blood specimens exhibiting contamination should not be used. Clotted samples or those collected in EDTA should be tested within fourteen days from collection. Donor blood may be tested until the expiry date of the donation.

TEST PROCEDURE

Test protocols for antibody screening should reflect the compatibility testing protocol.

Autologous controls should be incorporated where appropriate.

The procedure detailed below is intended as a guideline and it may be necessary to modify the procedure to comply with laboratory standard operating procedures.

If potentiators are used, the instructions for use supplied with the potentiating reagent should be followed.

This reagent has been standardized for use by tube techniques. Users are advised to carefully confirm reagent suitability before using alternative techniques.

Materials provided

- ALBAcyte® Antibody Screen (2-Cell)

Additional materials required

- Isotonic saline
- Potentiator (optional)
- Polyspecific Anti-Human Globulin/Monospecific Anti-Human IgG
- IgG sensitized red blood cells

- 10 x 75 mm or 12 x 75 mm glass test tubes
- Pipettes
- Centrifuge
- Heating block/waterbath
- Timer
- Agglutination viewer/Optical Aid

Tube Technique

Immediate Spin

1. Label 1 test tube for each of the ALBAcyte® reagent red blood cells to be used to test the blood sample.
2. Add 2 drops of serum or plasma to each test tube.
3. Add 1 drop of reagent red blood cell suspension to the appropriately labeled test tube. Steps #2 and #3 may be performed in any order.
4. Mix the contents of the test tube well and centrifuge*.
5. After centrifugation, gently shake the tube to dislodge the cell button from the bottom and immediately observe macroscopically for agglutination.

Incubation

If a potentiator is used, refer to the reagents instructions for use.

6. Incubate at 37 °C ± 1 °C for 30 to 60 minutes or as recommended for the potentiator being used.
7. Mix the contents of the test tube well and centrifuge*. (This step #7 and the following step #8 are optional).
8. After centrifugation, gently shake the tube to dislodge the cell button from the bottom and immediately observe macroscopically for agglutination.

Indirect Antiglobulin Test

Complete the indirect antiglobulin test by the procedure described below, or according to the instructions of the manufacturer of the Anti-Human Globulin reagent.

9. Wash the test at least 3 times with a large excess of isotonic saline (e.g. 4 mL of saline per 12 (or 10) x 75 mm glass tube).
10. NOTE: (i) allow adequate spin time to sediment the red cells, and (ii) make sure that most of the residual saline is removed at the end of each wash.
11. Add two drops of Anti-Human Globulin reagent to each tube.
12. Mix the contents of the test tube well and centrifuge*.
13. After centrifugation, gently shake the tube to dislodge the cell button from the bottom and immediately observe macroscopically for agglutination.

The use of weak IgG sensitized red blood cells is essential to confirm the activity of an Anti-Human Globulin reagent in negative tests.

14. Add 1 drop of IgG sensitized reagent red cells to each negative Anti-Human Globulin test.
15. Mix the contents of the test tube well and centrifuge*.
16. After centrifugation, gently shake the tube to dislodge the cell button from the bottom and immediately observe macroscopically for agglutination.
17. Any test which does not show a positive reaction should be considered invalid and repeated.

*Suggested centrifugation: 900-1000 g (approximately 3400 rpm) for 10 seconds or a time and speed appropriate for the centrifuge used that produces the strongest reaction of antibody with antigen-positive red blood cells, yet allows easy re-suspension of antigen-negative red blood cells.

STABILITY OF REACTION

Test results should be read and interpreted immediately after centrifugation. Delays may cause dissociation of antigen-antibody complexes resulting in weak positive or false negative reactions.

INTERPRETATION OF RESULTS

Agglutination = positive test result
No agglutination = negative test result

QUALITY CONTROL

Quality control of reagents is essential and should be performed in accordance with local, state and federal regulations.

PERFORMANCE LIMITATIONS

- The reaction characteristics of blood group antibodies vary according to their specificity and therefore no single technique will detect all blood group antibodies.
- Negative reactions may be obtained if the patient sample contains antibodies at a concentration too low to be detected by the test method.
- The reactivity of the product may decrease during the dating period and, therefore, should not be used after the expiration date. The rate at which the antigen reactivity (e.g. agglutinability) is lost is partially dependent upon individual donor characteristics that are neither controlled nor predicted by the manufacturer.
- Due to dosage effects, weak antibodies may not be detected by reagent red blood cells showing heterozygous expression of specific antigens.
- Antibodies specific for low incidence antigens not present on the test cells will not be detected.
- In very rare cases HLA related antigens on the reagent red blood cells may cause unwanted positive reactions.
- False positive or false negative results can occur due to contamination of test materials, improper reaction temperature, improper storage of materials, omission of test reagents and certain disease states.

SPECIFIC PERFORMANCE CHARACTERISTICS

The reagent red blood cells have been shown to have a negative direct antiglobulin test, indicating that no human IgG or C3 complement components are detectable on the cell surface. Prior to release, each lot of ALBAcyte® Antibody Screen (2-Cell) is tested by FDA recommended methods to confirm the presence or absence of the appropriate antigens. No U.S. standard of potency.

BIBLIOGRAPHY

1. Technical Manual. 18th ed. Bethesda, MD: American Association of Blood Banks, 2014.
2. Standards for Blood Banks and Transfusion Services. 29th ed. Bethesda, MD: American Association of Blood Banks, 2014.

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