

LIFESOUTH

Community Blood Centers

March 15, 2023

To: Immunoematology Reference Laboratory Partners
From: Chris Lough, M.D.
Vice President of Medical Services

Subject: New Report and Crossmatch Tag Format

In the coming weeks the format of Immunoematology Preliminary and Final Test Reports as well as Crossmatch Tags will change. Our laboratories are implementing a new, dedicated Immunoematology Reference Laboratory software which improves workflow and ensures patient safety with sophisticated controls. Examples of the new report and tag format are attached.

There will be no changes to the charge sheets or antigen tags at this time. Additionally, ordering and retrieval of reports will remain in HemaControl in their current processes.

Our team is excited for this advancement in our ability to provide quality reference services to our healthcare partners. If you have any questions or comments, you may contact me or Jake Joye, our Immunoematology Reference Laboratory Manager, directly at cmlough@lifesouth.org and injoye@lifesouth.org respectively.

Sincerely,

Chris Lough, M.D.
Vice President of Medical Services
LifeSouth Community Blood Centers, Inc.

Figure 1: Compatibility Tag



Community Blood Centers

4039 Newberry Road, Gainesville, FL 32607

Crossmatch - Compatibility Tag

| | |
|--|---|
| Facility: Validation Hospital | |
| Patient Name: DOE, JANE | DOB: 07-03-2003 |
| Medical Record #: 0123456 | Armband #: |
| Unit #: W115123009607-0 | Exp. Date/Time: 03-18-2023 23:59 |
| Product Code: E4532V00 (AS-1 RED BLOOD CELLS LEUKOCTYES REDUCED) | |
| Unit Test Antigens: C Neg, E Neg, K Neg | |
| Unit Attributes: Sickle Cell Negative | |
| Crossmatch is: Compatible | Crossmatch Expires: 02-10-2023 23:59 |
| Performed By: Joye, Jacob | Test Date/Time: 02-08-2023 15:33 |
| Pre-Transfusion Verification | |
| All the following data was verified prior to transfusion per the Transfusion Facilities policies: Patient name, Medical Record Number, Blood type (Patient and Unit), Unit Number, Product Code | |
| Signature: _____ | Date: _____ |
| Signature: _____ | Date: _____ |
| Transfusion Record | |
| Date of Transfusion: _____ | Transfusion Started: _____ AM/PM |
| | Transfusion Ended: _____ AM/PM |
| Temperature (Pre/Post): _____ | Blood Pressure (Pre/Post): _____ |
| Volume Transfused: _____ | Transfusion Reaction(circle): Yes No |
| Note: If a reaction occurs, stop the transfusion. Initiate the transfusion reaction workup protocol. | |

LifeSouth Community Blood Centers: 4039 Newberry Road, Gainesville, FL 32607. (Phone) 352-334-1028, (Fax) 352-334-1029. CLIA#10-D0271833

Figure 2: Preliminary Test Report



REFERENCE AND TRANSFUSION SERVICES

Preliminary Test Report

Additional testing and review may be in progress.

LifeSouth Community Blood Centers: 4039 Newberry Road, Gainesville, FL 32607. (Phone) 352-334-1028, (Fax) 352-334-1029. CLIA#10-D0271833

| Patient Name: DOE, JANE | | Sample Collection Date: 02-07-2023 01:11; 02-07-2023 01:15 | | | | | | | | | | | | | | | | |
|--|------|---|----------|---------------|------|------------|-----|-------------------------|-----|------------------|----------|----------------|--|--|--|--|--|--|
| ID Number: 0123456 | | Date Request Received: 02-07-2023 12:48 | | | | | | | | | | | | | | | | |
| Requesting Facility: Validation Hospital | | Test(s) Requested: Antibody Identification ONLY, Direct Antiglobulin Test, Elution, PEG ABSC, Antigen Test | | | | | | | | | | | | | | | | |
| Ordering Physician: Dr. Jones | | Patient DOB/Gender: 07-03-2003/Female | | | | | | | | | | | | | | | | |
| ABO/RH TYPE | | | | | | | | | | | | | | | | | | |
| ABO | O | Rho (D) | Positive | RH Phenotype | | | | RH2 | RH3 | RH4 | RH5 | Probable Rh-hr | | | | | | |
| | | | | | | | C | E | c | e | Genotype | | | | | | | |
| | | | | | | | Neg | Neg | | | | | | | | | | |
| ADDITIONAL RED CELL ANTIGEN TYPE | | | | | | | | | | | | | | | | | | |
| MNS1 | MNS2 | MNS3 | MNS4 | KEL1 | KEL2 | FY1 | FY2 | JK1 | JK2 | P1PK1 | LE1 | LE2 | | | | | | |
| M | N | S | s | K | k | Fya | Fyb | Jka | Jkb | P1 | Lea | Leb | | | | | | |
| | | | | Neg | | | | | | | | | | | | | | |
| DIRECT ANTIGLOBULIN TEST | | | | | | | | | | | | | | | | | | |
| Poly: | | IgG: | | 2+ (Positive) | | C3: | | 0 (Negative) | | ELUATE: | | Positive | | | | | | |
| ANTIBODY(IES) IDENTIFIED | | | | | | | | | | | | | | | | | | |
| | | | | LISS | | Gel | | PeG | | | | | | | | | | |
| | | | | IgG | | 37°C | | IgG | | IgG | | Comment | | | | | | |
| Anti-E | | Reactive by | | | | | | | | X | | | | | | | | |
| Anti-K | | Reactive by | | | | | | | | X | | | | | | | | |
| WAA | | Reactive by | | | | | | | | | | Low pH Eluate | | | | | | |
| ADDITIONAL DETAILS | | | | | | | | | | | | | | | | | | |
| Clinically significant antibodies to other common blood group antigens (not listed above) were excluded by PeG-IAT. | | | | | | | | | | | | | | | | | | |
| An eluate prepared from the patient's red blood cells reacted with all panel cells, indicating the presence of a warm autoantibody. | | | | | | | | | | | | | | | | | | |
| The patient's positive DAT with a panreactive eluate indicates the presence of a warm autoantibody, although it was not detected in the patient's plasma by PeG-IAT. | | | | | | | | | | | | | | | | | | |
| One leukoreduced RBC unit seroconfirmed negative for the C, E, and K antigens were provided to the requesting facility. | | | | | | | | | | | | | | | | | | |
| The provided units are crossmatch compatible with patient plasma by IS and PeG-IAT. | | | | | | | | | | | | | | | | | | |
| Facility requested one crossmatched RBC unit be added to the Request. | | | | | | | | | | | | | | | | | | |
| TRANSFUSION RECOMMENDATIONS | | | | | | | | | | | | | | | | | | |
| It is recommended that RBC units selected for transfusion of this patient are ABO-compatible, seroconfirmed negative for the C, E, and K antigen(s), and crossmatch compatible by IAT. | | | | | | | | | | | | | | | | | | |
| Testing performed by: | | Joye, Jacob | | | | | | Date & Time: | | 02-08-2023 15:33 | | | | | | | | |
| Report Reviewed by Tech1: | | | | | | | | Date & Time: | | | | | | | | | | |
| Report Reviewed by Tech2: | | | | | | | | Date & Time: | | | | | | | | | | |

*+m" = Microscopic; "+w" = Weakly Positive; NT = Not Tested; * = Historical test result

Figure 3: Final Test Report



REFERENCE AND TRANSFUSION SERVICES
 Immunohematology Final Test Report

LifeSouth Community Blood Centers: 4039 Newberry Road, Gainesville, FL 32607. (Phone) 352-334-1028, (Fax) 352-334-1029. CLIA#10-D0271833

| Patient Name: DOE, JANE | | Sample Collection Date: 02-07-2023 01:11; 02-07-2023 01:15 | | | | | | | | | | | | | | | | | |
|--|-------------|---|---------------|--|--------------|----------------|----------------|-----|----------------|-------|-----|-----|--|--|--|--|--|--|--|
| ID Number: 0123456 | | Date Request Received: 02-07-2023 12:48 | | | | | | | | | | | | | | | | | |
| Requesting Facility: Validation Hospital | | Test(s) Requested: Antibody Identification ONLY, Direct Antiglobulin Test, Elution, PEG ABSC, Antigen Test | | | | | | | | | | | | | | | | | |
| Ordering Physician: Dr. Jones | | Patient DOB/Gender: 07-03-2003/Female | | | | | | | | | | | | | | | | | |
| ABO/RH TYPE | | | | | | | | | | | | | | | | | | | |
| ABO | O | Rho (D) | Positive | RH Phenotype | RH2 | RH3 | RH4 | RH5 | Probable Rh-hr | | | | | | | | | | |
| | | | | | C | E | c | e | Genotype | | | | | | | | | | |
| | | | | | Neg | Neg | | | | | | | | | | | | | |
| ADDITIONAL RED CELL ANTIGEN TYPE | | | | | | | | | | | | | | | | | | | |
| MNS1 | MNS2 | MNS3 | MNS4 | KEL1 | KEL2 | FY1 | FY2 | JK1 | JK2 | P1PK1 | LE1 | LE2 | | | | | | | |
| M | N | S | s | K | k | Fya | Fyb | Jka | Jkb | P1 | Lea | Leb | | | | | | | |
| | | | | Neg | | | | | | | | | | | | | | | |
| DIRECT ANTIGLOBULIN TEST | | | | | | | | | | | | | | | | | | | |
| Poly: | | IgG: | 2+ (Positive) | C3: | 0 (Negative) | ELUATE: | Positive | | | | | | | | | | | | |
| ANTIBODY(IES) IDENTIFIED | | | | | | | | | | | | | | | | | | | |
| | | LISS | | Gel | PeG | | Comment | | | | | | | | | | | | |
| | | IgG | 37°C | IgG | IgG | | | | | | | | | | | | | | |
| Anti-E | Reactive by | | | | X | | | | | | | | | | | | | | |
| Anti-K | Reactive by | | | | X | | | | | | | | | | | | | | |
| WAA | Reactive by | | | | | | Low pH Eluate | | | | | | | | | | | | |
| ADDITIONAL DETAILS | | | | | | | | | | | | | | | | | | | |
| <p>Clinically significant antibodies to other common blood group antigens (not listed above) were excluded by PeG-IAT.</p> <p>An eluate prepared from the patient's red blood cells reacted with all panel cells, indicating the presence of a warm autoantibody.</p> <p>The patient's positive DAT with a panreactive eluate indicates the presence of a warm autoantibody, although it was not detected in the patient's plasma by PeG-IAT.</p> <p>One leukoreduced RBC unit seroconfirmed negative for the C, E, and K antigens were provided to the requesting facility.</p> <p>The provided units are crossmatch compatible with patient plasma by IS and PeG-IAT.</p> <p>Facility requested one crossmatched RBC unit be added to the Request.</p> | | | | | | | | | | | | | | | | | | | |
| TRANSFUSION RECOMMENDATIONS | | | | | | | | | | | | | | | | | | | |
| <p>It is recommended that RBC units selected for transfusion of this patient are ABO-compatible, seroconfirmed negative for the C, E, and K antigen(s), and crossmatch compatible by IAT.</p> | | | | | | | | | | | | | | | | | | | |
| Testing performed by: Joye, Jacob | | | | Date & Time: 02-08-2023 15:33 | | | | | | | | | | | | | | | |
| Report Reviewed by Tech: Joye, Jacob | | | | Date & Time: 02-08-2023 16:18 | | | | | | | | | | | | | | | |
| Report Reviewed by Medical Director: | | | | Date: | | | | | | | | | | | | | | | |
| Christopher M. Lough MD | | | | | | | | | | | | | | | | | | | |