

Red Cell Immunohaematology

What is RCI?



- National support for Transfusion Laboratories
- RCI labs located in Blood Centres in Birmingham, Bristol (Filton), London (Collindale, Tooting), Liverpool and Sheffield
- Liverpool hosts the NFFB and reagents
- Filton hosts the IBGRL
- Majority of blood transfusions can be facilitated by hospitals, BUT..



BCSH Guidelines..



- If there is any doubt concerning the identity of any antibodies present, or the ability to exclude clinically significant antibodies, a sample should be sent to a red cell reference laboratory.
- Laboratories that are not registered for antibody investigation in an accredited external quality assurance scheme should refer samples from all patients that have given positive results in the antibody screen to a laboratory that is registered for antibody identification.

BCSH Guidelines..



- If a patient is known to have (ever) formed a red cell alloantibody, each new sample must be fully tested to exclude the presence of further alloantibodies.
- When one antibody specificity is detected it is essential that the presence or absence of additional clinically significant alloantibodies is established.

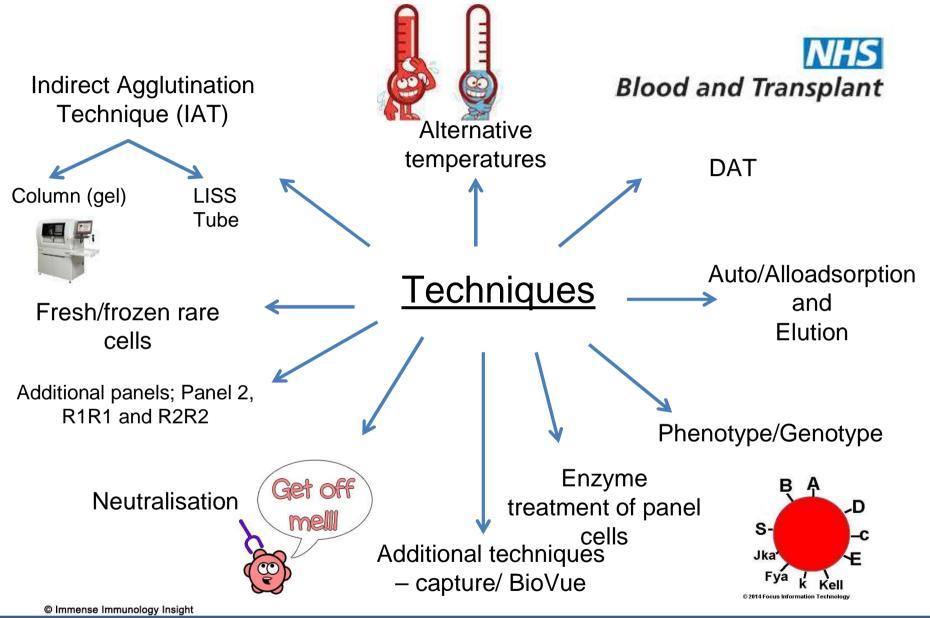


Why Refer to RCI?



- Rare/Anomalous ABO/D blood grouping
- Antibody Confirmation/Identification
- Complex mixtures of antibodies
- Antenatal Investigations;
 - Quantification and titration
 - FMH Investigation
 - Provision of suitable blood for delivery/IUT
- AIHAs/ DAT positive patients
- Suspected Haemolytic Transfusion Reactions
- Advice!
- Panic?





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- Via NHSBT Liverpool and in liaison with the International Blood Group Reference Laboratory (IBGRL) RCI have access to additional reagents that may not be available to Hospital Labs;
 - Reference antibody identification panels Rare cells to confirm or exclude specificity
 - Rare antisera for phenotyping
 - National Frozen Cell Bank
 - National / international rare cell exchange
 - WHO International Rare Cell Donor Panel

BCSH Guidelines..

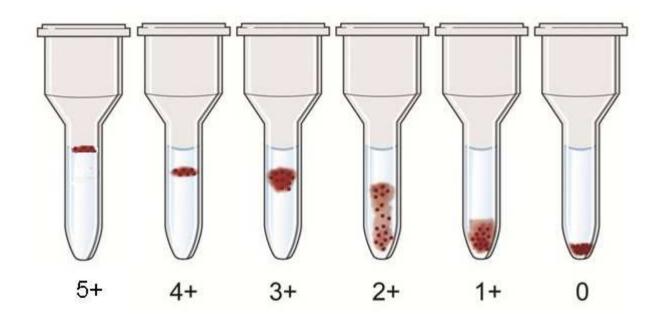


- Failure to recognise all of the antibody specificities within a sample can lead to a haemolytic transfusion reaction.
 Specificities should be excluded using red cells having homozygous expression of the relevant antigen. A single example only of each phenotype is sufficient for exclusion.
- This can be demonstrated by choosing reagent red cells that are negative for the recognised specificity but positive for other antigens to which clinically significant antibodies may arise.



Example Cases

Agglutination



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8	rr	0	+	0	+	2	0	0	+	+	0	+	+	0	+	0		0	0		
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Jess Gill

BMS Advanced Specialist



Have a go yourself!

Patient's Name	H-	Ref. No.	Sample No.	Conclusion	
D.O.B.				Tested by	Date

Unless otherwise indicated, all cells are positive for Kpb and Lub and negative for Wra and Cob.

Instructions for use can be found at http://www.blood.cc.uk/reagents

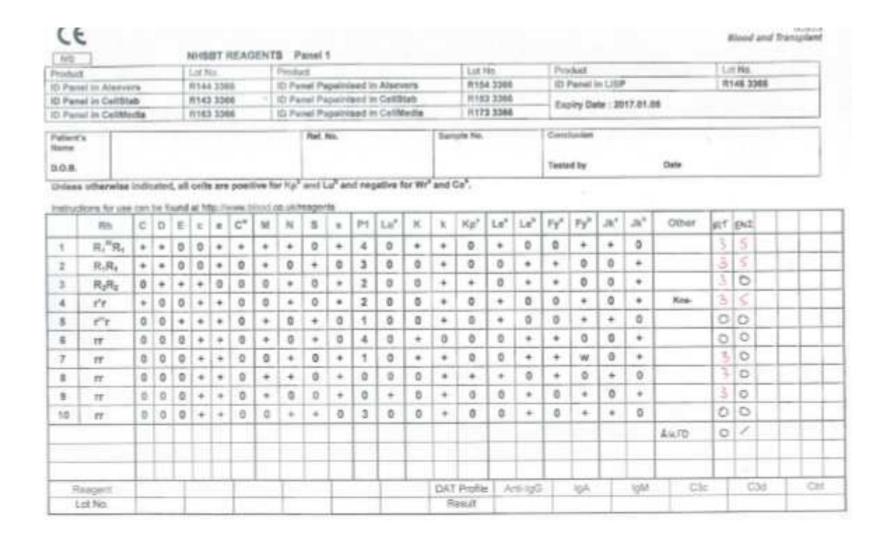
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(Template Version 91/04)

Cross-Referenced in Primary Document SOP883

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