



## BLOOD GROUPING REAGENTS DIRECTIONS FOR USE

### Monoclonal Rh Control: For The Control Of Monoclonal Anti-Rh And Anti-K Reagents.

#### SUMMARY

False positive reactions may occur with Monoclonal Anti-Rh and Monoclonal Anti-K blood grouping reagents due to the presence of macromolecular potentiators in the reagent. If a reagent control is required, e.g. when typing red cells from patients suspected of having auto-antibodies, serum protein abnormalities or a positive Direct Antiglobulin Test (DAT), Lorne Monoclonal Rh Control for Monoclonal Anti-Rh and Anti-K and other appropriate reagents is recommended.

#### INTENDED PURPOSE

The Monoclonal Rh Control reagent is intended to be used in parallel with Lorne's RhD and other appropriate (as indicated in the IFU's) blood grouping reagents when typing red cells from patients known or suspected of having auto-antibodies, serum protein abnormalities or a positive Direct Antiglobulin Test (DAT).

#### PRINCIPLE

A positive result obtained with Lorne Monoclonal Rh Control in addition to those obtained with Lorne Monoclonal Anti-Rh, Monoclonal Anti-K and other appropriate reagents indicates that the specimen is most likely reacting with components other than the reagent antibodies. A negative reaction with this control offers assurance that the positive results obtained with Anti-Rh, Anti-K and other appropriate reagents are due to specific antigen-antibody interactions (see **Limitations**).

#### REAGENT

Lorne Monoclonal Rh Control is for the control of Monoclonal Anti-Rh, Monoclonal Anti-K and other appropriate reagents and is formulated with the same concentrations of phosphate buffer, sodium chloride, bovine albumin and macromolecular potentiators as Lorne Monoclonal Anti-Rh, Monoclonal Anti-K and other appropriate reagents with just the antibodies omitted. The reagents do not contain or consist of CMR substances, or endocrine disrupting substances or that could result in sensitisation or an allergic reaction by the user. The reagent is supplied at optimal dilution for use with all the recommended techniques without the need for further dilution or addition. For lot reference number and expiry date see **Vial Label**.

#### STORAGE

Reagent vials should be stored at 2 - 8°C on receipt. Prolonged storage at temperatures outside this range may result in accelerated loss of reagent reactivity. This reagent has undergone transportation stability studies at 37°C and -25°C as described in document BS EN ISO 23640:2015.

#### SAMPLE COLLECTION AND PREPARATION

Blood samples can be collected into EDTA, citrate, CPDA anticoagulants or as a clotted sample. The samples should be tested as soon as possible following collection. If a delay in testing should occur, store the samples at 2-8°C. Samples displaying gross haemolysis or microbial contamination should not be used for testing. Blood samples showing evidence of lysis may give unreliable results. It is preferable (but not essential) to wash all blood samples with PBS or Isotonic saline before being tested.

#### PRECAUTIONS

1. The reagent is intended for *in vitro* diagnostic use only.
2. If vial is cracked or leaking, discard the contents immediately.
3. Do not use the reagent past the expiration date (see **Vial Label**).
4. Do not use the reagent if a precipitate is present.
5. Protective clothing should be worn when handling the reagent, such as disposable gloves and a laboratory coat.
6. The reagent has been filtered through a 0.2 µm capsule to reduce the bio-burden, but is not supplied sterile. Once a vial has been opened the contents should remain viable up until the expiry date as long as there is no marked turbidity, which can indicate reagent deterioration or contamination.
7. The reagent contains < 0.1% sodium azide. Sodium azide may be toxic if ingested and may react with lead and copper plumbing to form explosive metal azides. On disposal flush away with large volumes of water.
8. No known tests can guarantee products derived from animal sources are free from infectious agents. Care must be taken in the use and disposal of each vial and its contents

#### DISPOSAL OF REAGENT AND DEALING WITH SPILLAGES

For information on disposal of the reagent and decontamination of a spillage site see **Material Safety Data Sheets**, available on request.

#### CONTROLS AND ADVICE

1. In the **Recommended Techniques** one volume is approximately 50µl when using the vial dropper provided.
2. Before use, let the reagent warm up to room temperature. As soon as the reagent has been used, put the reagent back in storage at 2-8°C.
3. The use of the reagents and the interpretation of results must be carried out by properly trained and qualified personnel in accordance with the requirements of the country where the reagents are in use.
4. The user must determine the suitability of the reagent for use in other techniques.

#### REAGENTS AND MATERIALS REQUIRED

See the "Reagents and Materials required" section of the Lorne Monoclonal Anti-Rh, Monoclonal Anti-K and other appropriate reagents to be controlled.

#### RECOMMENDED TECHNIQUE

When typing red cells from patients suspected of having auto-antibodies, serum protein abnormalities or a positive Direct Antiglobulin Test (DAT), Lorne Monoclonal Rh Control should be tested in parallel with Lorne Monoclonal Anti-Rh, Monoclonal Anti-K and other appropriate reagents. The Monoclonal Anti-Rh and Monoclonal Anti-K reagents currently available from Lorne are:

Anti-C Monoclonal, catalogue number 690005

Anti-E Monoclonal, catalogue number 691005

Anti-c Monoclonal, catalogue number 692005

Anti-e Monoclonal, catalogue number 693005

Anti-C+D+E Monoclonal, catalogue number 700010

Anti-K Monoclonal, catalogue number 760010

These reagents are designed for use in slide, rapid tube, microtitre plates, Diamed ID-Card tests and Ortho BioVue gel cards. Lorne Monoclonal Rh Control should be tested according to the **Recommended Techniques** indicated in the IFU of the Monoclonal Anti-Rh and Monoclonal Anti-K reagent to be controlled.

#### INTERPRETATION OF TEST RESULTS

1. **Positive:** Agglutination of red cells with Monoclonal Rh Control indicates that the results obtained with the Monoclonal Anti-Rh, Monoclonal Anti-K and other appropriate reagents may be invalid.
2. **Negative:** No agglutination of red cells with Monoclonal Rh Control indicates that the red cells are not spontaneously agglutinating in the presence of the diluent used to prepare Monoclonal Anti-Rh, Monoclonal Anti-K and other appropriate reagents, hence the results obtained are valid.

#### LIMITATIONS

1. Lorne Monoclonal Rh Control should be used only with Monoclonal Anti-Rh, Monoclonal Anti-K and other appropriate reagents.
2. Lorne Monoclonal Rh Control for Monoclonal Anti-Rh, Monoclonal Anti-K and other appropriate reagents is not suitable for use with enzyme treated cells, cells suspended in LISS or for use in indirect antiglobulin (IAT) techniques.
3. False positive or false negative results may also occur due to:
  - Contamination of test materials
  - Improper cell concentration
  - Improper incubation time or temperature
  - Improper or excessive centrifugation
  - Improper storage of test materials or omission of reagent
  - Deviation from the recommended techniques

#### SPECIFIC PERFORMANCE CHARACTERISTICS

1. Prior to release, each batch of Lorne Monoclonal Rh Control is tested by **Recommended Techniques** and found to show no non-specific reactions with normal red cells.
2. The Quality Control of the reagents was performed using red cells with phenotypes that were verified by a UK blood transfusion centre and had been washed with PBS or Isotonic saline prior to use.
3. The reagent complies with the recommendations contained in the latest issue of the Guidelines for the UK Blood Transfusion Services.

#### DISCLAIMER

1. The user is responsible for the performance of the reagent by any method other than those mentioned in the **Recommended Technique**.
2. Any deviations from the **Recommended Technique** should be validated prior to use<sup>4</sup>.

## BIBLIOGRAPHY

1. Issitt, P D (1985) Applied Blood Group Serology, 3<sup>rd</sup> Edition. Montgomery Scientific, Miami Chapter 10
2. AABB Technical Manual, 16<sup>th</sup> edition, AABB 2008.
3. Guidelines for the Blood Transfusion Service in the United Kingdom, 6<sup>th</sup> Edition 2002. The Stationary Office.
4. British Committee for Standards in Haematology, Blood Transfusion Task Force. Recommendations for evaluation, validation and implementation of new techniques for blood grouping, antibody screening and cross matching. Transfusion Medicine, 1995, 5, 145-150.

## AVAILABLE REAGENT SIZES

Vial Size	Catalogue Number	Tests per vial
10 ml	640010	200
1000 ml	640000*	20,000

\*This size is For Further Manufacturing Use (FFMU) only and is therefore not CE marked.



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