



**MONOCLONAL BLOOD GROUPING REAGENTS**  
**DIRECTIONS FOR USE**

**Anti-K Monoclonal: For Tube, Bio-Rad-ID, Ortho BioVue, Microplate and Slide Techniques.**

**SUMMARY**

The K antigen was reported in 1946. The antigen is fully developed at birth and can be strongly immunogenic. Anti-K has been implicated in Haemolytic Transfusion Reactions and Haemolytic Disease of the Newborn.

Anti-K	Anti-k	Phenotype	Caucasians %	Afro-Americans %
+	0	<b>K+k-</b>	0.2	Rare
+	+	<b>K+k+</b>	8.8	2.0
0	+	<b>K-k+</b>	91.0	98.0
0	0	<b>K<sub>0</sub></b>	Exceedingly Rare	

**PRINCIPLE**

Reagent will cause direct agglutination (clumping) of cells that carry K antigen. No agglutination generally indicates absence of K antigen (see **Limitations**).

**REAGENT**

Lorne Monoclonal Anti-K blood grouping reagent is a low protein reagent containing the monoclonal IgM antibody, Clone MS-56, diluted in a phosphate buffer containing sodium chloride (0.9 g%), bovine albumin (6 g%) and macromolecular potentiators. The reagent is supplied at optimal dilution for use with all recommended techniques stated below without 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 a reagent 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 reagents, 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. 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. Materials used to produce the reagent were tested at source and found to be negative for HIV 1+2 and HCV antibodies and HBsAg using approved microbiological tests.
9. No known tests can guarantee that products derived from human or 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. It is recommended a positive control (ideally heterozygous) and a negative control be tested in parallel with each batch of tests. Tests must be considered invalid if controls do not show expected results.
2. When typing red cells from a patient it is important that a reagent negative control (Mono Rh Control, Lorne catalogue number 640010) is included since the macromolecular potentiators in the reagent may cause false positive reactions with IgG coated cells.
3. Weak K antigens may be poorly detected by the gel card, microtitre plate and slide technique. It is recommended that weak K antigens are tested using the tube test technique.
4. In the **Recommended Techniques** one volume is approximately 50µl when using the vial dropper provided.
5. 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.

6. The user must determine suitability of reagent for use in other techniques.

**REAGENTS AND MATERIALS REQUIRED**

- Applicator sticks.
- Automatic plate reader.
- PBS solution (pH 6.8–7.2) or Isotonic saline solution (pH 6.5–7.5).
- Bio-Rad ID-Cards (NaCl, Enzyme tests and Cold Agglutinins).
- Bio-Rad ID-Centrifuge.
- Bio-Rad ID-CellStab or ID-Diluent 2.
- Glass microscope slides.
- Card tiles.
- Glass test tubes (10 x 75 mm or 12 x 75 mm).
- Microplate centrifuge.
- Ortho BioVue System Cassettes (Neutral).
- Ortho BioVue System Centrifuge.
- Ortho 0.8% Red Cell Diluent.
- Plate shaker.
- Positive (ideally Kk) and negative (kk) control red cells.
- Test tube centrifuge.
- Validated "U" well microplates.
- Volumetric pipettes.

**RECOMMENDED TECHNIQUES**

**A. Tube Technique**

1. Prepare a 2-3% suspension of red cells in PBS or Isotonic saline.
2. Place in a labelled test tube: 1 volume of Lorne reagent and 1 volume of red cell suspension.
3. Mix thoroughly and centrifuge all tubes for 20 seconds at 1000 rcf or for a suitable alternative time and force.
4. Gently resuspend red cell button and read macroscopically for agglutination
5. Any tubes, which show a negative or questionable result, should be incubated for 15 minutes at room temperature.
6. Following incubation, repeat steps 3 and 4.

**B. Bio-Rad ID Micro Typing Technique (Neutral cards)**

1. Prepare a 0.8% suspension of red cells in ID-CellStab or ID-Diluent 2.
2. Remove aluminium foil from as many microtubes on a NaCl, Enzyme tests and Cold Agglutinins ID-Card(s) as needed.
3. Place in appropriate microtube: 50µl of red cell suspension and 25µl of Lorne reagent.
4. Centrifuge ID-Card(s) in a Bio-Rad ID centrifuge.
5. Read macroscopically for agglutination.

**C. Ortho BioVue Typing Technique**

1. Prepare a 0.8% suspension of red cells in 0.8% Ortho Red Cell Diluent.
2. Remove aluminium foil from as many reaction chambers on Neutral cassette(s) as needed.
3. Place in appropriate reaction chamber: 50µl of red cell suspension and 40µl of Lorne reagent.
4. Centrifuge cassette(s) in an Ortho BioVue System Centrifuge.
5. Read macroscopically for agglutination.

**D. Microplate Technique, using "U" wells**

1. Prepare a 2-3% suspension of red cells in PBS or Isotonic saline.
2. Place in the appropriate well: 1 volume Lorne reagent and 1 volume red cell suspension.
3. Mix thoroughly, preferably using a microplate shaker, taking care to avoid cross-well contamination.
4. Incubate at room temperature for 15 minutes (time dependant on user).
5. Centrifuge the microplate for 1 minute at 140 rcf or for a suitable alternative time and force.
6. Resuspend the cell buttons using carefully controlled agitation on a microplate shaker
7. Read macroscopically or with a validated automatic reader.
8. Any weak reactions should be repeated by the tube technique.

**E. Slide Technique**

1. Prepare a 35-45% suspension of red cells in serum, plasma or PBS or isotonic saline. If this is not possible, whole anti-coagulated blood may also be used as the sample.
2. Place on a labelled glass slide or card tile: 1 volume of Lorne reagent and 1 volume of red cell suspension.
3. Using a clean applicator stick, mix reagent and cells over an area of about 20 x 40 mm.
4. Slowly tilt the slide back and forth for 1 minute, maintaining slide at room temperature.
5. Read macroscopically after 1 minute over a diffuse light and do not mistake fibrin strands as agglutination.

- Any weak reactions should be repeated by the tube technique.

### INTERPRETATION OF TEST RESULTS

- Positive:** Agglutination of the red cells constitutes a positive test result and within accepted limitations of test procedure, indicates the presence of the K antigen on the red cells.
- Negative:** No agglutination of the red cells constitutes a negative result and within the accepted limitations of the test procedure, indicates the absence of the K antigen on the red cells.
- Test results of cells that are agglutinated using the reagent negative control shall be excluded, as the agglutination is most probably caused by the effect of the macromolecular potentiators in the reagent on sensitised cells.

### STABILITY OF THE REACTIONS

- Read all tube and microplate tests straight after centrifugation.
- Slide tests should be interpreted within one minute to ensure specificity and to avoid the possibility a negative result may be incorrectly interpreted as positive due to drying of the reagent.
- Caution should be exercised in the interpretation of results of tests performed at temperatures other than those recommended.

### LIMITATIONS

- Stored blood may give weaker reactions than fresh blood
- False positive or false negative results may also occur due to:
  - Contamination of test materials
  - Improper storage, cell concentration, incubation time or temperature
  - Improper or excessive centrifugation
  - Deviation from the recommended techniques

### SPECIFIC PERFORMANCE CHARACTERISTICS

- The reagent has been characterised by all the procedures mentioned in the **Recommended Techniques**.
- Prior to release, each lot of Lorne Monoclonal Anti-K is tested by the **Recommended Techniques** against a panel of antigen-positive red cells to ensure suitable reactivity.
- Specificity of source monoclonal antibodies is demonstrated using a panel of antigen-negative cells.
- The Quality Control of the reagent was performed using red cells that had been washed twice with PBS or Isotonic saline prior to use.
- The reagent complies with the recommendations contained in the latest issue of the Guidelines for the UK Blood Transfusion Services.

### DISCLAIMER

- The user is responsible for the performance of the reagent by any method other than those mentioned in the **Recommended Techniques**.
- Any deviations from the **Recommended Techniques** should be validated prior to use<sup>6</sup>.

### BIBLIOGRAPHY

- Kholer G, Milstein C. Continuous culture of fused cells secreting antibody of predefined specificity. *Nature* 1975, **256**, 495-497.
- Race RR, Sanger R. *Blood Groups in Man* 6<sup>th</sup> Edition, Oxford, Blackwell Scientific Publishers 1975, Chapter 2.
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- Mollison PL. *Blood Transfusion in Clinical Medicine*, 8<sup>th</sup> Edition, Oxford, Blackwell Scientific Publications, 1987, Chapter 7.
- Guidelines for the Blood Transfusion Service in the United Kingdom. H.M.S.O. Current Edition.
- 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.







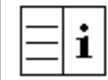
### AVAILABLE REAGENT SIZES

Vial Size	Catalogue Number
10 ml	760010
1000 ml	760000*

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

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### TABLE OF SYMBOLS

	Batch Number		<i>in-vitro</i> Diagnostic
	Catalogue Reference		Store At
	Expiry Date		Manufacturer
	Read Pack Insert		