

HSC.39499 Laboratory Coverage Plan**Phase II**

The laboratory coverage plan for staffing ensures that qualified testing personnel and key personnel are available to perform histocompatibility testing for organ transplantation and to facilitate organ acceptance and transplantation as needed.

NOTE: For laboratories that are members of the United Network for Organ Sharing (UNOS), the following staff availability requirements from the OPTN Bylaws apply:

- *Key personnel include the laboratory director, technical supervisor, general supervisor, and the clinical consultant*
- *The plan must include coverage at all times, including when changes occur in key personnel, and address coverage when key personnel serve more than one laboratory*
- *If the laboratory performs testing on deceased organ donors, key personnel and qualified testing personnel must be available 24-hours a day, seven days a week, unless an alternative coverage plan has been approved by UNOS/OPTN Membership and Professional Standards Committee*

Evidence of Compliance:

- ✓ Staffing schedule **OR** on-call schedule if 24-hour staffing is not available

REFERENCES

- 1) Organ Procurement and Transplantation Network (OPTN) Bylaws. Appendix C. Membership Requirements for Histocompatibility Laboratories. US Department of Health and Human Services. December 5, 2022.

NON-RENAL ORGAN TRANSPLANTS

Inspector Instructions:

- Sampling of non-renal organ transplant policies and procedures
- Sampling of antibody screening records
- Sampling of crossmatch records

HSC.39593 Recipient Screening**Phase II**

Solid organ transplant recipients are screened for HLA Class I and Class II antibodies by a solid phase method.

NOTE: The frequency of testing is determined by the transplant program support agreement.

Evidence of Compliance:

- ✓ Records of antibody screening on transplant recipients

REFERENCES

- 1) Organ Procurement and Transplantation Network (OPTN) Bylaws. Appendix C. Membership Requirements for Histocompatibility Laboratories. US Department of Health and Human Services. December 5, 2022.

HSC.39780 Prospective Crossmatch**Phase II**

Non-renal sensitized transplant recipients are prospectively crossmatched with their potential donor, whenever possible, before transplantation.

NOTE: The technique used for crossmatching in these patients must be one of enhanced sensitivity for antibody detection.

Evidence of Compliance:

- ✓ Crossmatch records

REFERENCES

- 1) Organ Procurement and Transplantation Network (OPTN) Bylaws. Appendix C. Membership Requirements for Histocompatibility Laboratories. US Department of Health and Human Services. December 5, 2022.

HSC.39850 CD34 Cellular Viability - Apheresis and Cord Blood Products

Phase II



The laboratory measures the viability of CD34 positive cells in samples aliquoted at the time of processing of hematopoietic progenitor cells, apheresis products and cord blood products.

NOTE: CD34 cell viability testing of cord blood products must be done on a sample aliquoted prior to the addition of cryoprotectant.

For any hematopoietic progenitor cell product, CD34 cell viability testing during or after storage should be considered as an additional quality control.

The viability dye 7-amino actinomycin-D (7-AAD) yields excellent results in this analysis. The viability assay must be performed using a flow cytometric method with the viability dye included in the same tube with the CD34 and CD45 monoclonal antibodies for the CD34+ viability determination. Estimates of total cellular viability (for example, trypan blue exclusion) may not be used as an alternative because the method can overestimate the viability of the CD34 stem cell population.

REFERENCES

- 1) Owens M, Loken M. Peripheral blood stem cell quantitation, In Flow Cytometry Principles for Clinical Laboratory Practice. New York, NY: Wiley-Liss, 1995:111-127
- 2) Keeney M., *et al.* Single platform flow cytometry absolute CD34+ cell counts based on the ISHAGE guidelines. *Cytometry*. 1998; 34:61-70
- 3) Hubl W., *et al.* Measurement of absolute concentration and viability of CD34+ cells in cord blood and cord blood products using fluorescent beads and cyanine nucleic acid dyes. *Cytometry*. 1998; 34:121-127
- 4) Gratama J., *et al.* Flow cytometric enumeration of CD34+ hematopoietic stem and progenitor cells. *Cytometry*. 1998;34:128-145
- 5) Lee S., *et al.* Post-thaw viable CD34+ cell count is valuable predictor of haematopoietic stem cell engraftment in autologous peripheral blood stem cell transplantation. *Vox Sang* Feb: 2008; 94:46-152
- 6) Riech-Slotky R., *et al.* Determining post-thaw CD34+ cell dose of cryopreserved haematopoietic progenitor cells demonstrates high recovery and confirms their integrity. *Vox Sang* 2008: May; 94(4):351-357
- 7) Clinical and Laboratory Standards Institute. *Enumeration of Immunologically Defined Cell Populations by Flow Cytometry; Approved Guideline*. 2nd ed. CLSI Document H42-A2. Clinical and Laboratory Standards Institute, Wayne, PA; 2007.

PERSONNEL

Inspector Instructions:

	<ul style="list-style-type: none"> Records of section director (technical supervisor), testing personnel, and clinical consultant education and experience Continuing education policy Sampling of continuing education records
	<ul style="list-style-type: none"> Has there been any changes in the histocompatibility section director or key personnel in the last two years?

****REVISED** 12/26/2024**

HSC.40000 Section Director/Technical Supervisor Qualifications - Histocompatibility

Phase II

The section director (technical supervisor) of the histocompatibility section has the following qualifications.

1. **MD or DO licensed to practice (if required) in the jurisdiction where the laboratory is located, OR doctoral degree in biological, clinical or medical laboratory science,**