



The antibody reagents (anti IgG, IgM, IgA, etc.) are used at a selected dilution for optimal sensitivity and class specificity.

#### HSC.31178 Positive Crossmatch Results Cut-off

Phase II

The cut-off for positive crossmatch results is determined by testing an appropriate number of sera from non-alloimmunized individuals and established for all pertinent target cells (T-cells, B-cells, etc.).

##### Evidence of Compliance:

- ✓ Records for the validation of the positive cut-off

##### 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.31552 HLA Class II Antibody Procedure

Phase II



The procedure for HLA Class II antibodies readily separates Class I from Class II specificity.

## HLA ANTIBODY SCREENING

### Inspector Instructions:

	<ul style="list-style-type: none"> <li>Sampling of HLA antibody screening policies and procedures, including protocol for screening for each organ transplanted or hematopoietic progenitor cell recipient and the frequency of such screening</li> <li>Agreement for reflex testing using more sensitive screening method, if applicable</li> <li>Sampling of antibody identification QC records</li> <li>Sampling of initial and subsequent recipient sera screening records</li> </ul>
	<ul style="list-style-type: none"> <li>What is your laboratory's course of action for antibody identification/crossmatching for high risk patients?</li> <li>How does the laboratory determine cutoffs for identification of HLA antibody based on the clinical programs supported?</li> <li>How does the laboratory determine the assignment of unacceptable antigens for organ transplantation?</li> </ul>

#### HSC.32487 Immunizing Event

Phase II



There is a system to record any potential immunizing event that could cause sensitization in a patient.

*NOTE: There must be a policy that encourages timely blood sample collection at 14 days after the potential immunizing event in a patient. This new sample should be available for use in antibody screening and crossmatch studies.*

##### REFERENCES

- 1) Department of Health and Human Services, Centers for Medicare and Medicaid Services. Clinical laboratory improvement amendments of 1988; final rule. *Fed Register*. 2023(Dec 28):[42CFR493.1278(c)].
- 2) 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.32674 HLA Antibody Detection

Phase II



**The laboratory has the capability to detect HLA antibodies with sufficient sensitivity and to distinguish HLA antibodies from IgM autoantibodies or non-HLA antibodies.**

*NOTE: Methods to detect HLA antibodies must be more sensitive than the basic/NIH technique. There must be written procedures to differentiate HLA antibodies from autoantibodies.*

#### REFERENCES

- 1) Foundation for the Accreditation of Cellular Therapy (FACT) and Joint Accreditation Committee ISCT and EBMT (JACIE). FACT-JACIE International Standards for Hematopoietic Cellular Therapy Product Collection, Processing, and Administration. 8th Edition, December 14, 2021.
- 2) Department of Health and Human Services, Centers for Medicare and Medicaid Services. Clinical laboratory improvement amendments of 1988; final rule. *Fed Register*. 2023(Dec 28): [42CFR1278(d)(1)].
- 3) Department of Health and Human Services, Centers for Medicare and Medicaid Services. Clinical laboratory improvement amendments of 1988; final rule. *Fed Register*. 2023(Dec 28): [42CFR1278(e)(1)].

### HSC.32861 Antigenic Diversity and Targets

Phase II

**There is sufficient antigenic diversity (individual antigens and/or crossreactive groups) for HLA Class I and II, and sufficient numbers of antigenic targets for optimal HLA antibody detection and specificity determination.**

*NOTE: There must be sufficient diversity for Class I and II HLA antigens and cross reactive groups, as well as sufficient numbers of well-characterized panel cells or HLA-purified protein targets for antibody detection and specificity determinations, and strength/avidity of the antibody when applicable.*

#### Evidence of Compliance:

- ✓ Listing of antigenic targets for each panel cell

### HSC.33048 Antibody Detection and Specificity QC

Phase II



**For HLA antibody detection and specificity determinations, positive and negative controls are used, and sera tested undiluted and diluted when appropriate.**

#### Evidence of Compliance:

- ✓ Records of QC for antibody detection and identification

### HSC.33235 Target Source for Class I/II Antibody Determination

Phase II



**There are records that the appropriate target sources are used for separate HLA Class I and II antibody determination including appropriate methods to distinguish antibody mixtures.**

*NOTE: There must be records that the appropriate target sources are used for HLA Class I and II antibody determination. The targets for HLA Class I antibody determination should be blood, spleen, lymph nodes, and cell lines. In addition, well-characterized purified HLA protein targets may also be used. Class II antibodies are best detected utilizing B-lymphocytes, B-lymphoblastoid cell lines, CLL cells or specific Class II purified HLA protein. Mixtures must be defined by methods shown to distinguish Class I from Class II reactivity.*

#### Evidence of Compliance:

- ✓ Records of target sources used for HLA Class I/II antibody determination and to differentiate antibody mixtures

### HSC.33422 Recipient Sera Screening

Phase II



**All recipient sera are screened for HLA antibodies including, at minimum, an initial sample at the time of HLA typing, after sensitizing events and upon request.**