LB.50 The blood bank develops a process for initial immune-hematological testing of blood donor samples.

LB.50.1 There are policies and procedures mandating that a sample of blood obtained from the donor during blood/ blood component collection is subjected to the following testing:

LB.50.1.1 Determination of the donor's forward ABO group (RBC grouping).

LB.50.1.2 Determination of the donor's reverse ABO group (serum grouping).

LB.50.1.3 Determination of the donor's Rh-D type (including a test for weak-D).

LB.50.1.4 Detection of unexpected antibodies to red cell antigens (antibody screening).

LB.50.1.5 There is a confirmation of agreement between donor's current and historical group/type.

LB.50.2 Discrepancies are solved before releasing any blood/blood components.

Standard Intent:

The donor's ABO/Rh-D must be established/confirmed on a specimen collected during the Blood/blood component collection; he red cells must be tested for the presence or absence of A and/or B antigens and the serum or plasma must be tested for the presence or absence of anti-A and/or anti-B antibodies.

The presence or absence of the Rh(D) antigen is determined by testing the red blood cells with Anti-D. Patient with weak D antigen that is not detected by D typing reagent will be designated as D-negative. However, donor with negative or week Rh(D) must be confirmed with a test for weak-D.

Plasma from all donors should be tested for unexpected antibodies to red cell antigens. The methods used demonstrate most of the clinically significant red cell antibodies. When such antibodies are found, plasma-containing blood components shall be labeled to indicate the antibody detected. Components containing significant amounts of plasma should be transfused only to patients known to be negative for the corresponding antigen.

Cross-check between the donor's current and historical group/type must be performed and discrepancies should be resolved before issue of the blood for transfusion purposes.