

Unit 10: Identification of Unexpected Alloantibodies

1. Define "unexpected" and "clinically significant" alloantibodies.
2. Describe how sensitization to red blood cell antigens occur.
3. Describe the importance of characterizing the clinical significance of antibodies encountered.
4. Describe in detail the protocol which must be followed in working up a patient with an unexpected alloantibody.
5. List the serologic characteristics which will aid in the identification of unexpected antibodies.
6. Discuss the special considerations of certain Rh antibodies.
7. State the importance of phenotyping the patient for the antigen to which their antibody is directed.
8. State the minimum number of cells which must be positive and negative for the antigen to which the antibody being investigated and the limitations which may be encountered.
9. Describe the difficulty in working up multiple antibodies and some techniques utilized in troubleshooting them.
10. State the best source of donor blood for a patient who has an antibody to a high incidence antigen.
11. State why transfusion should not be delayed when dealing with an antibody to a low incidence antigens.
12. Describe two possible causes of anomalous serological reactions when performing compatibility testing.
13. List six procedures utilized to increase and/or enhance reactivity of weakly reactive antibodies.
14. Name the 2 thiol reagents used in the blood bank and describe how they work.
15. State the purpose of performing a pre-warmed technique and state how this procedure is performed.
16. List three types of inhibition tests routinely used in the clinical blood bank and the sources of the reagents.
17. State the purpose of performing antibody titers and list three situation in which titration studies are useful.
18. Describe the purpose of the adsorption procedure and list 5 applications in blood bank testing.
19. Describe the elution procedure including: definition, applications and factors which influence the success of the procedure.