



## Resolving ABO Discrepancies

Quick Reference Chart

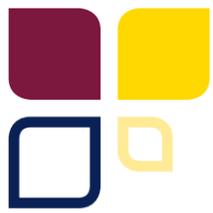


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Category	Check/Control/Investigate
<b>1. General Points</b>	<ul style="list-style-type: none"> <li>Clerical details</li> </ul>
	<ul style="list-style-type: none"> <li>Previous records (Transfusion history, medication, age, clinical and obstetric data)</li> </ul>
	<ul style="list-style-type: none"> <li>Sample (Hemolyzed, spontaneous agglutination, lipemic)</li> </ul>
	<ul style="list-style-type: none"> <li>Functionality of reagents/reagent contamination</li> </ul>
<b>2. Preliminary Investigations</b>	<ul style="list-style-type: none"> <li>Centrifuge the sample</li> </ul>
	<ul style="list-style-type: none"> <li>Repeat the test               <ul style="list-style-type: none"> <li>- cells and serum/plasma</li> <li>- fresh sample</li> <li>- fresh reagents</li> </ul> </li> </ul>
<b>3. Further Investigations</b>	<ul style="list-style-type: none"> <li>Patient/donor cells               <ul style="list-style-type: none"> <li>- wash and repeat</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Patient/donor serum/plasma               <ul style="list-style-type: none"> <li>- longer incubation time</li> <li>- incubate at 4°C</li> </ul> </li> </ul>
<b>4. Unresolved Forward (cell) Group Discrepancy</b>	<ul style="list-style-type: none"> <li>If unrelated to age, disease state or rouleaux formation</li> </ul>
	<ul style="list-style-type: none"> <li>Weak/negative reactions               <ul style="list-style-type: none"> <li>Possible subgroup                   <ul style="list-style-type: none"> <li>- include anti-A1 and anti-H in extended testing</li> <li>- perform adsorption-elution</li> <li>- perform saliva studies (if secretor)</li> <li>- refer to Reference Laboratory for serum transferase studies and molecular analysis</li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Mixed-field reactions               <ul style="list-style-type: none"> <li>If unrelated to transfusion/transplant therapy</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Possible subgroup (A<sub>3</sub>, A<sub>weak</sub>, B<sub>3</sub>, B<sub>weak</sub>)               <ul style="list-style-type: none"> <li>- see above</li> </ul> </li> <li>Possible chimera               <ul style="list-style-type: none"> <li>- separate cell populations and retest each one</li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Unexpected positive reactions               <ul style="list-style-type: none"> <li>Polyagglutinable cells                   <ul style="list-style-type: none"> <li>- use monoclonal reagents</li> <li>- use lectins to characterize polyagglutination type</li> </ul> </li> <li>Direct Antiglobulin Test (DAT) positive cells                   <ul style="list-style-type: none"> <li>- check records (warm washing cells or other method)</li> </ul> </li> <li>Acquired-B phenotype                   <ul style="list-style-type: none"> <li>- check diagnosis</li> <li>- use monoclonal anti-B known not to react with acquired B</li> </ul> </li> <li>Spontaneous agglutination (if sample stored at 4°C prior to test)                   <ul style="list-style-type: none"> <li>- cold auto-antibody</li> <li>- retest at 37°C (new sample taken and maintained at 37°C may be necessary)</li> </ul> </li> <li>Possible B(A) or A(B) phenotype                   <ul style="list-style-type: none"> <li>- use other reagents</li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Possible subgroup (A<sub>3</sub>, A<sub>weak</sub>, B<sub>3</sub>, B<sub>weak</sub>)               <ul style="list-style-type: none"> <li>- see above</li> </ul> </li> <li>Possible chimera               <ul style="list-style-type: none"> <li>- separate cell populations and retest each one</li> </ul> </li> </ul> </li> </ul>
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<b>5. Unresolved Reverse Group Discrepancy</b>	<ul style="list-style-type: none"> <li>If unrelated to age (newborn/elderly), immunosuppression, hypogammaglobulinemia or hemolysis of the reagent cells</li> </ul>
	<ul style="list-style-type: none"> <li>Weak/negative reactions               <ul style="list-style-type: none"> <li>Fresh sample                   <ul style="list-style-type: none"> <li>- retest at 4°C</li> <li>- increase the incubation time</li> <li>- use fresh set of cells and/or additional cells</li> <li>- retest forward group for confirmation</li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Additional unexpected reactions               <ul style="list-style-type: none"> <li>Possible allo-antibody                   <ul style="list-style-type: none"> <li>- identify specificity</li> <li>- retest with appropriate reverse grouping cells but negative for the antigen corresponding to the allo-antibody</li> <li>- anti-HI in A<sub>1</sub> samples; confirm with A<sub>1</sub>, A<sub>2</sub> and O cell panels, include cord blood as a negative control</li> </ul> </li> <li>Possible cold auto-antibody                   <ul style="list-style-type: none"> <li>- autologous control</li> <li>- use a pre-warmed technique</li> <li>- autoadsorption and retest</li> </ul> </li> <li>Possible rouleaux                   <ul style="list-style-type: none"> <li>- saline replacement technique</li> </ul> </li> <li>A<sub>2</sub> or other A subgroups with anti-A1                   <ul style="list-style-type: none"> <li>- test with other A<sub>1</sub> cells to confirm</li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Possible subgroup (A<sub>3</sub>, A<sub>weak</sub>, B<sub>3</sub>, B<sub>weak</sub>)               <ul style="list-style-type: none"> <li>- see above</li> </ul> </li> <li>Possible chimera               <ul style="list-style-type: none"> <li>- separate cell populations and retest each one</li> </ul> </li> </ul> </li> </ul>

### Notes

- Recommended laboratory procedures/techniques should be followed for the investigation of any discrepancy e.g. AABB Technical Manual, other practical-based textbook, or in-house established Standard Operating Procedures.
- Where anomalous results persist, family studies can be useful, with serological and molecular biology techniques to establish inheritance pattern and genetic background.
- This chart is not necessarily comprehensive.