INTENDED USE:
Anti-D (Monoclonal-IgM+IgG) is intended to use as a reagent for the detection of the 'D' antigen present on human red blood cell.

INTRODUCTION:
The human erythrocyte (RBC) has some 100 known blood group determinants that comprise 15 genetically distinct blood group systems. Of these, only two- the ABO blood group system and the rhesus (Rh) blood group system- have major clinical importance. According to ABO blood group system human red blood cells are classified into four groups A, B, AB, and O depending upon the presence or absence of inherent blood group antigens on the erythrocytes. In the Rh system of blood typing, human red blood cells are classified into two types based on the presence or absence of Rh factor (D-antigen). The term Rh positive is used to denote the presence of D antigen on the red cells.

PRINCIPLE:
Human red blood cells possessing D antigen will agglutinate when mixed with Anti-D antibody, directed towards D antigen. Agglutination of red blood cells with Anti-D is a positive test reaction and indicates the presence of D antigens on the RBCs. Absence of agglutination of red blood cells with Anti-D is a negative test result and it indicates the absence of D antigen on the RBCs.

STORAGE AND STABILITY:
Storage:
Store the reagents at 2-8°C. Do not use the reagent beyond the expiry date mentioned on it. Before performing the test bring all the reagents to Room temperature. Replace the reagents to 2-8°C soon after performing the test. DO NOT FREEZE THE REAGENTS.

Stability:
1. The unopened kit is stable for 2 years from the date of manufacturing as indicated on the package.
2. The opened kits are stable for 6 months from the date of opening.
3. Repeated freeze thaw of reagents from 2-8°C to Room temperature several times will reduce the stability of the kit.

PACK SIZE:
Available in packs of 2ml, 5ml, and 10ml.

Titre: 1:256

Avidity: 2-7 Seconds

CONTENTS OF THE KIT: Aunti-D (Monoclonal IgM+IgG) 2ml/5ml/10ml.

MATERIALS REQUIRED BUT NOT PROVIDED:
1. Slide or Tube
2. Lancet
3. Applicator sticks
4. Isotonic saline

AUXILIARY REAGENT NOT PROVIDED:
Normal saline.

SPECIMEN COLLECTION AND PREPARATION:
No special preparation of the patient is required prior to sample collection by aproned technique. Samples should be stored at 2-8°C if not tested immediately. Do not use hemolyzed sample. Anti coagulated using anti coagulants should be tested in the below mentioned time period. EDTA or heparin 2 days, ACD or CPDA 28 days, whole blood should be tested in 14 days.

PRECAUTIONS:
1. For in vitro diagnostic use only.
2. Bring all reagents and specimens to Room temperature, prior to testing.
3. Avoid using hemolyzed sample.
4. Microbial contamination should be avoided.

NOTE:
1. The source material (tissue culture supernatant) used to produce this reagent has been tested and found to be negative for HIV and HCV antibodies and HBsAg in Micro biological test required. No known regime of testing can completely guarantee that any product derived from human blood is incapable of transmitting infections.
2. Liquid waste containing acid must be neutralized with a proportional amount of base prior to the addition of sodium hypochlorite. Spills should be wiped thoroughly using either an iodophor disinfectant or sodium hypochlorite solution. Materials used to wipe up spills should be added to biohazardous waste matter for proper disposal.
3. Deterioration is indicated by a significant decrease by weak agglutination.
4. Do not use reagents after the expiration date printed on the label.
5. When removing reagents from the bottles, use aseptic technique to avoid contamination.
6. Mix the reagent bottle gently before use.
7. Do not use clotted blood sample for testing.
8. Ensure used glass slide is disinfected, washed thoroughly and rinsed free of detergents.

TEST PROCEDURE:
A. Slide test:
1. Place one drop of blood grouping reagent Anti-D on a glass slide.
2. To the reagent drop, add one drop of whole blood. Mix well with applicator stick or tooth pick.
3. Rock the slide gently back and forth.
4. Observe for agglutination at the end of two minutes.
5. All human serum and plasma samples should be considered potentially infectious. It is recommended that all specimens of human origin should be handled as recommended for any potentially infectious human serum or blood specimen in the Centers for Disease Control / National Institute of Health manual "Bio-safety in Microbiological and Biomedical Laboratories", 1984.

B. Tube test:
1. Prepare a 5% suspension of the red cells in individual's own plasma or in normal saline.
2. To the two small test tubes (2x3/8") labeled test (T) and control (C). Add one drop of above cell suspension using a Pasteur pipette.
3. Add one drop of Anti D to tube (T) and one drop of 22% Bovine Albumin to tube (C).
4. Mix well and centrifuge for one minute at 1000rpm or allow the tubes to stand at RT (25-30°C) for 15-60 minutes.
5. Gently dislodge cell button and observe for agglutination.

INTERPRETATION OF RESULTS:
1. Agglutination of red blood cells in presence of Anti-D indicates the presence of D (Rho) antigen on red blood cells.
2. Absence of agglutination of red blood cells in presence of Anti-D antibody with both tube and slide test is a negative test. It generally indicates that D (Rho) antigen is not demonstrable. However, this requires to be confirmed by indirect Coomb's test to rule out the possibility of the presence of D antigen, using Anti-D (Rho) Monoclonal (IgM/IgG/IgM+IgG).
3. No interpretation should be made if the agglutination appears in negative control with either slide test or tube test.
TROUBLE SHOOTING:

<table>
<thead>
<tr>
<th>Caes</th>
<th>Remedy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contaminated blood specimen or reagents</td>
<td>Make sure that there is no contamination of blood specimen or reagent.</td>
</tr>
<tr>
<td>2. Drying in slide test</td>
<td>Do not read the result after 2 minutes.</td>
</tr>
<tr>
<td>3. Clotting of blood</td>
<td>Test the sample immediately if anti coagulant is not added to the sample</td>
</tr>
</tbody>
</table>

FALSE NEGATIVE

<table>
<thead>
<tr>
<th>Cause</th>
<th>Remedy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contamination of blood specimens or reagents</td>
<td>Make sure that there is no contamination of blood specimen or reagent.</td>
</tr>
<tr>
<td>2. Dried slide test</td>
<td>Store the blood sample with anticoagulant at 2-8°C for less than 30 days</td>
</tr>
<tr>
<td>2. Expired reagent</td>
<td>Check the expiry date on the reagent bottle</td>
</tr>
</tbody>
</table>

WEAKLY / DELAYED REACTION

<table>
<thead>
<tr>
<th>Cause</th>
<th>Remedy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prolonged storage of red blood cells</td>
<td>Store the blood sample with anticoagulant at 2-8°C for less than 30 days</td>
</tr>
<tr>
<td>2. Expired reagent</td>
<td>Check the expiry date on the reagent bottle</td>
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</table>

ACCURACY:

Bhat-Bioscan Anti-D Test meets the requirements when tested against DCI approved kit.

SENSITIVITY:

1. Rh Positive

- No. of Rh Positive samples tested: 88
- No. of Positive results by Anti-D (IgM+IgG) kit: 88

Sensitivity of Anti-D (IgM/IgG/IgM+IgG) kit is estimated to be 100% (88/88), assuming 100% reactivity by comparing with other kits.

SPECIFICITY:

1. Rh Negative

- No. of Rh Negative samples tested: 105
- No. of Positive results by Anti-D (IgM+IgG) kit: 0

Specificity of Anti-D (IgM/IgG/IgM+IgG) kit is estimated to be 100% (0/105).

LIMITATIONS OF THE TEST:

1. It is recommended that with every set of tests, positive and negative controls should be included. The result of positive and negative controls should be read before reading the test results. The satisfactory result of positive and negative control indicates that the reagents are working well.
2. Factors other than reagents, which might affect the performance of the test, include cleanliness of glassware, meticulous follow up of the procedure and rouleaux formation.
3. Blood obtained by finger prick may be tested directly by the slide method, but to avoid clotting, blood should be immediately mixed with the reagent.
4. Contaminated blood specimen or reagents may interfere with test results. Peripheral drying in slide test should not be misinterpreted as agglutination.

REFERENCE: