

Blood Grouping Reagent

Anti-K (Anti-K1) (Monoclonal)

Ortho BioVue® System

(K Cassette)

Revised January 2013
e631300276_EN

REF

100 cassettes 707117

INTENDED USE

Qualitative test for the screening of the K (K1) antigen for donor cells
FOR IN VITRO DIAGNOSTIC USE

SUMMARY AND EXPLANATION

The Kell blood group system contains several antigens including the K (K1) antigen. The K (K1) antigen is strongly immunogenic and can cause both delayed and immediate hemolytic transfusion reactions and HDN.

PRINCIPLE OF PROCEDURE

The procedure used with these reagents is based on the principle of agglutination. Normal human red cells, possessing antigens, will agglutinate in the presence of antibody directed toward the antigen. The Ortho BioVue System utilizes column agglutination technology, comprised of glass beads and reagent contained in a column. Upon addition of red blood cells and subsequent centrifugation of the cassette, agglutinated red blood cells are trapped by the glass beads and nonagglutinated red blood cells travel to the bottom of the column.

REAGENTS

Ortho BioVue System K cassettes are comprised of 6 columns containing a buffered solution with bovine albumin and macromolecular potentiators, as well as the preservatives 0.1% (w/v) sodium azide and 0.01M ethylenediaminetetraacetic acid (EDTA).

Product Code 707117

Columns 1 - 6: Blood Grouping Reagent
Anti-K (Anti-K1)

Component Description

Anti-K1 (human IgM) monoclonal antibody
(clone MS56)

STORAGE REQUIREMENT

Store cassettes upright at 2 to 25°C.

Do not store cassettes in a self-defrosting refrigerator/freezer.

Do not store cassettes near any heat source (e.g., heat block, radiator, large instrumentation, refrigerator, freezer, etc., or any area receiving direct sunlight).

PRECAUTIONS

1. Handle all blood and materials in contact with blood as if capable of transmitting infectious agents. It is recommended that blood and materials in contact with blood be handled using established good laboratory practices.¹
2. Some cassette components may be considered as hazardous or potentially infectious waste. Dispose of all materials according to applicable guidelines and regulations.²
3. Do not use reagents beyond their labeled expiration date.
4. Freezing of the cassettes or evaporation of the liquid due to heat may interfere with free passage of unagglutinated red blood cells through the glass bead column.
5. Do not use cassettes that appear damaged (i.e., break in foil seal or break, crack or bubble in the column) or exhibit drying (i.e., liquid level is at or below the top of the glass beads) or exhibit discoloration (due to bacterial contamination which can cause false reactions).
6. Use the Ortho BioVue System Centrifuge to provide the required centrifugation parameters for this system. Proper calibration of the centrifuge is essential to achieve accurate test results.
7. Erroneous results may be obtained due to improper technique in performing any diagnostic test. The most common sources of such results are:
 - Use of red blood cell concentrations other than those described under Specimen Collection and Preparation section
 - Microbial contamination of supplementary materials used in the procedure
 - Use of specimens containing particulate matter (impedes the free flow of red blood cells through the column)
 - Use of severely hemolyzed samples (may interfere with reading reactions in the column)
8. In order to minimize the presence of bubbles with your Ortho BioVue cassettes, we recommend that if you normally store your cassettes in the refrigerator at 2 to 8°C you should equilibrate your cassettes at room temperature (20 to 25°C) for at least 96 hours prior to use.

SPECIMEN COLLECTION AND PREPARATION

No special preparation of the patient/donor is required prior to specimen collection. Blood should be collected by approved medical techniques. Samples collected with anticoagulant or without anticoagulant may be used.

Samples should be tested as soon as possible following collection. If a delay in testing occurs, samples should be stored at 2 to 8°C. Clotted specimens or blood drawn into EDTA, heparin or sodium citrate should be tested within seven days. Donor blood may be tested up to the date of expiration.

Red blood cells collected from the umbilical cord should be free from contamination (i.e., Wharton's jelly, tissue). If contamination is suspected, washing with isotonic saline may be necessary.

Red blood cell suspensions can be prepared using the following combinations of saline and packed red blood cells:

Saline Volume	Packed Red Blood Cell Volume ^a	Red Blood Cell Concentration
1 mL	40 µL	3%
1 mL	50 µL	4%
1 mL	65 µL	5%
1 mL	10 µL	0.8%
0.8 mL	10 µL	1.0%

^a Blood samples centrifuged at 900 to 1000 x g for 5 minutes will result in a packed red blood cell concentration of approximately 80%. These specifications for centrifugation eliminate over-packing of red cells which may result in false positive results. Data on file at Ortho-Clinical Diagnostics, Inc.

REAGENT PREPARATION

The Ortho BioVue System cassette is provided ready to use. Each column contains a single specificity of reagent suitable for one test. The cassette is heat-sealed with aluminum foil to preserve the integrity of the reagents. Upon opening of the foil seal, the cassettes should be used within one hour. Do not use the cassette if the liquid level in the column is at or below the top of the glass beads.

PROCEDURE

The procedure identified below is for manual BioVue cassette testing only. When using automated instruments, follow the procedures that are contained in the operator's manual provided by the device manufacturer. Laboratories must follow their approved validation procedures to demonstrate compatibility of this product on automated systems.

Materials Provided

100 cassettes (Product Code 707117)
(See Reagents section for component description)

Materials Required But Not Provided

1. Ortho BioVue System Centrifuge
2. Isotonic saline
3. Micropipetter for delivery of 10 µL, 40 µL and 50 µL
4. Disposable pipette tips
5. Ortho BioVue System Work Rack

Test Procedure

1. Prepare red cell suspensions according to Specimen Collection and Preparation section.
2. Allow the cassette and test sample to come to room temperature before use. Orient the cassette with the back label (bar code side) facing you. Label the cassette appropriately with sample identification.
3. Peel off the foil strip on the top of the cassette only exposing the reaction chambers needed for the test(s) being performed. Visually inspect the cassette(s) to ensure that residual film does not block the opening of any wells after removing the foil. Caution should be used not to over-peel the foil covering unused columns to prevent evaporation of the liquid contents.
NOTE: The cassette should be used within one hour after removal of the foil. Cassettes with covered reaction chambers can be saved and these columns used for additional tests. Do not use the cassette if the liquid level is at or below the top of the glass beads.
4. Add:
 - 10 µL of a 3% to 5% OR
 - 40 µL of a 1.0% OR
 - 50 µL of a 0.8% red blood cell suspension to the reaction chambers of the cassette.
5. Centrifuge the cassette using the Ortho BioVue System Centrifuge.
NOTE: Centrifugation should occur within 30 minutes of addition of the samples to the reaction chamber.
6. Read the front and back of the individual columns for agglutination upon test completion.
7. Record the reaction strength from the side with the stronger positive result.
8. Confirm all positive reactions with an Ortho BioVue System cassette containing both Anti-K and Control columns.

Quality Control Procedures

Serological testing is necessary to recognize reagent deterioration. It is recommended that each lot of reagents be tested on each day of use with appropriate positive and negative controls according to approved standard operating procedures.

Positive Control – Use red blood cells known to possess the antigen toward which the reagent antibody is directed. If possible, a heterozygous expression of the antigen should be used. Results should demonstrate agglutination represented by red blood cells retained in or on top of the glass bead column.

Negative Control – Use red blood cells known to lack the antigen toward which the reagent antibody is directed. Results should demonstrate no agglutination of the red blood cells represented by a button of packed cells at the bottom of the column.

INTERPRETATION OF RESULTS

Positive Result (+):	Agglutination of the red blood cells is a positive test result and indicates the presence of the corresponding antigen.*
Negative Result (-):	No agglutination of the red blood cells is a negative test result and indicates the corresponding antigen is not demonstrable.
4+ Reaction	Agglutinated red blood cells form a band at the top of the bead column.
3+ Reaction	Most agglutinated red blood cells are retained or trapped in the upper half of the bead column.
2+ Reaction	Agglutinated red blood cells are observed throughout the length of the bead column. A small button of cells may also be visible at the bottom of the bead column.
1+ Reaction	Most agglutinated red blood cells are retained or trapped in the lower half of the bead column. A button of cells will also be visible at the bottom of the bead column.
0.5+ Reaction	Most agglutinated red blood cells pass through and form a disrupted (not smooth) button at the bottom of the bead column. Small agglutinates are visible above the button.
0 Negative	All red blood cells pass through and form a smooth button at the bottom of the bead column.

Mixed cell populations may be detected by the Ortho BioVue System as agglutinated red blood cells at the top of the bead column and unagglutinated red blood cells at the bottom of the column. Detection limits may vary from those observed by other techniques.

***NOTE:** Potentiators that may result in spontaneous agglutination of some red cells are used in the Anti-K reagent. To ensure the accuracy of results, all **positive** results obtained using this cassette must be confirmed using an Ortho BioVue System cassette containing both Anti-K and Control columns.

LIMITATIONS OF THE PROCEDURE

1. The Test Procedure and Interpretation of Results must be followed closely to assure the accuracy of the test results. A laboratory that institutes the Ortho BioVue System should have a program that will train personnel on the proper use and handling of the product.
2. Due to antigen deterioration, aged red blood cells may exhibit weaker reactivity than fresh cells.
3. Enzyme-treated red blood cells should not be used with these reagents.
4. Invalid test results due to spontaneous agglutination may occur on rare occasions with these reagents when testing red blood cells heavily coated with antibodies.
5. Abnormal serum proteins in the test sample may cause red blood cells to aggregate, which may be interpreted as agglutination.
6. Plasma expanders have been shown to interfere with some blood bank tests. Data are not available concerning interference using the Ortho BioVue System. Problem-solving techniques should be used if interference is observed.

EXPECTED RESULTS†

In clinical studies, 277 of 4199 (6.6%) samples tested were positive for the K (K1) antigen in the Ortho BioVue System. Ethnic backgrounds were available for 3264 (76.2%) of the samples tested. Of these samples, 61.6% were collected from persons of Caucasian background, 10.9% of African American background, 2.3% of Hispanic heritage, 0.9% of Oriental heritage, and 0.5% of American Indian, Saudi Arabian, Arabian, Asian Indian or Filipino heritage. Changes to the distribution will vary depending on the ethnic population under test.

There was 99.52% agreement between tube test and BioVue methods for the detection of the K (K1) antigen. Percent agreement indicates concordance between the two assays only and does not indicate which method gave the correct results.

† Data on file at Ortho-Clinical Diagnostics, Inc.

SPECIFIC PERFORMANCE CHARACTERISTICS†

Blood Grouping Reagent Anti-K (Monoclonal), contained in the Ortho BioVue System cassette, has been tested and found to specifically agglutinate human red cells if the corresponding antigen is present, when used according to the recommended directions for use.^{3,4}

The **Anti-K reagent** reacts with the K (K1) antigen. When tested with red cells expressing other Kell system antigens, it reacted with all K+ cells including K+k+, K+k- and K+K17 as well as one example of K+ Rh null. It did not react with the following K negative red cells: K-k+, Js(a+b-), Kp(a+b-), K11, K12, K14, K19, K22, K₀ and McLeod.

† Data on file at Ortho-Clinical Diagnostics, Inc.

SUMMARY OF REVISIONS

Section	Revision
PROCEDURE – Materials Required But Not Provided	Deleted equipment product code.

BIBLIOGRAPHY

1. Laboratory biosafety manual. 2nd ed. World Health Organization, Avenue Appia 20, 1211 Geneva 27 Switzerland, 1993.
2. Biotechnology – Laboratories for Research, Development & Analysis – Guidelines for Handling, Inactivating and Testing of Waste. BS EN12740, BSI, 389 Cheswick High Road, London, W4 4AL, 1999.
3. Reis KJ, Cupido A, Jakway J, Chachowski R, Puzio E, Davies D, Setcavage TM. Red cell ABO/Rh/K typing by column agglutination technology. *Transfusion* 1992;32:Suppl 16S.
4. Reisner RK, Gauthier CM, Williamson KR, Moore SB. Comparison of patient ABO/Rh/K typing by column agglutination system and conventional tube method. *Transfusion* 1993;33:Suppl 18S.

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Αυτήν την Πλευρά / Denna sida upp**



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**Cassette / Cassette / Kasette / Cassette / Cassette / Cassete /
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