

## Search-Cyte<sup>®</sup> Pool

### Reagent Red Blood Cell 0.8±0.1%

U.S. License No. 1740

For use in the detection of unexpected antibodies in gel techniques For *in vitro* diagnostic use

#### INTENDED USE

Search-Cyte<sup>®</sup> Pool 0.8% Reagent Red Blood Cells is for the detection of unexpected antibodies in gel techniques.

For use with the DG Gel 8 System.

#### SUMMARY AND EXPLANATION

Search-Cyte<sup>®</sup> Pool 0.8%, a pool cell of two selected human red blood cells of the blood group O, is suitable for the detection of unexpected antibodies directed against the major blood group systems in donors.

The antigen typings of the pooled cells are provided on the antigenic constitution matrix that accompanies each product.

#### PRINCIPLE OF THE TEST

Antibodies react with red blood cells possessing the corresponding antigenic determinants. Search-Cyte<sup>®</sup> Pool 0.8% Reagent Red Blood Cells products are utilized in the gel technique for the detection of unexpected blood group antibodies.

#### REAGENT

**Search-Cyte<sup>®</sup> Pool 0.8%** consists of a suspension (0.8 ± 0.1%) of two pooled red cells in buffered isotonic solution with added preservatives (0.010% (w/v) neomycin and 0.017% (w/v) chloramphenicol). The pool cell is prepared from two single donors: one of Rh phenotype R<sub>1</sub>R<sub>1</sub> (CDe/CDe) and one R<sub>2</sub>R<sub>2</sub> (cDE/ cDE). The further antigens can be seen on the enclosed antigen matrix. Frozen/thawed red blood cells may have been used in this product. No U.S. standard of potency.

#### STORAGE AND STABILITY

- The expiration date of each lot is no longer than 61 days from the collection date of red blood cells from any donor in the lot.
- Store at 2-8 °C.
- **Do not freeze.**

**Indication of deterioration:** Notable hemolysis (which may be caused by microbial contamination or improper handling), darkening of Reagent Red Blood Cells or spontaneous clumping. The reactivity of the product may decrease slightly during the dating period.

#### PRECAUTIONS

- For *in vitro* diagnostic use.
- Use of plasma may result in failure to detect complement dependent antibodies due to its low complement activity.
- Do not use beyond expiration date. Reactivity of the product may decrease slightly during the dating period.
- All blood products should be treated as potentially infectious. Source material from which this product was derived was found negative when tested in accordance with current FDA required tests. No known test methods can offer assurance that products derived from human blood will not transmit infectious agents.
- The pipette of the vial contains natural rubber latex, which may cause allergic reactions.

#### SPECIMEN COLLECTION AND PREPARATION

No special preparation of the patient is required prior to specimen collection. Serum from freshly clotted blood is preferred. For optimum test results, serum should be stored at 2-8 °C no longer than 72 hours prior to testing; however, serum may be frozen and stored up to 5 years at -20 °C or colder and tested at a later time if necessary. Plasma samples may be used; however use of plasma may result in failure to detect complement dependent antibodies due to its low complement activity.<sup>1,2</sup>

50 **MATERIALS**

51 **Materials Provided**

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53 Search-Cyte<sup>®</sup> Pool 0.8% Reagent Red Blood Cells, 1x10 ml, cat. no. 213663

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55 **Materials Required but Not Provided**

56 DG Gel<sup>®</sup> 8 Anti-IgG cards (Diagnostic Grifols, S.A.)  
57 Centrifuge for DG Gel cards (DG Spin, Diagnostic Grifols, S.A.)  
58 Incubator DG Therm (Diagnostic Grifols, S.A.)

59 **PROCEDURE**

60 **Both the reagent and the samples to be tested must be brought to room temperature (20-25 °C) prior to testing.**

61 Carefully resuspend Search-Cyte<sup>®</sup> Pool 0.8% by gentle inversion immediately prior to use. Reagent Red Blood Cells are  
62 ready-to-use.

63 Follow the procedure outlined in the DG Gel 8 System's instructions for use.

64 **QUALITY CONTROL**

65 A known negative and a known positive control with weak reacting antibodies should be run in parallel on each day of  
66 use.

67 Use of an autocontrol is recommended to help distinguish between autoantibodies and alloantibodies.<sup>1</sup> If the  
68 autocontrol is positive, the serum may contain autoantibody and further testing may be indicated.<sup>2</sup>

69 **RESULTS**

70 **Interpretation**

71 Agglutination and/or hemolysis (positive reaction) of the Search-Cyte<sup>®</sup> Pool 0.8% cell indicates the presence of  
72 unexpected antibodies. Such antibodies are usually directed against the known antigens present on the screening cells,  
73 but may be directed against an antigen not indicated on the antigen matrix.

74 The lack of both agglutination and hemolysis (negative reaction) in the test procedure indicates the absence of  
75 antibodies to antigens contained on the reagent red blood cell.

76

No agglutination or hemolysis:	No atypical antibodies against any of the antigens mentioned on the corresponding antigen matrix are evident.
Agglutination or hemolysis; autocontrol negative:	Specific antibodies against one or more antigens present. An identification with a cell panel (e.g. Data-Cyte <sup>®</sup> Plus 0.8%) should follow.
Agglutination, including the autocontrol:	a) Reactions at 37 °C and/or by indirect antiglobulin test: warm autoantibodies are likely to be present. b) Reactions at room temperature: presence of cold autoantibodies probable.
Agglutination only in the autocontrol:	The presence of autoantibodies is possible. Perform a direct antiglobulin test.

- 77 1. Use the lot-specific antigen matrix for the interpretation of the results.  
78 2. a) Search-Cyte<sup>®</sup> Pool 0.8% cell positive: Presence of an unexpected antibody.  
79 b) Search-Cyte<sup>®</sup> Pool 0.8% cell negative, but compatibility test positive: Presence of an unexpected anti-A<sub>2</sub> (in A<sub>2</sub> or  
80 A<sub>2</sub>B recipient) possible or an antibody directed against a rare antigen present on the donor cells.  
81 c) Search-Cyte<sup>®</sup> Pool 0.8% cell positive, but identification panel negative: Presence of a possible antibody directed  
82 against a rare antigen the Search-Cyte<sup>®</sup> Pool 0.8% cell is not typed for.

83 **LIMITATIONS OF PROCEDURE**

- 84 1. Pooled cells are not recommended for pretransfusion tests, done in lieu of major cross-match, to detect unexpected  
85 antibodies in patient samples.

- 86 2. False positive or false negative results can occur due to contamination of test material, improper reaction  
87 temperature, improper storage of materials, improper centrifugation, omission of test reagents, or certain disease  
88 states.
- 89 3. Any modifications of the test procedures described in this instruction for use require validation by the user.
- 90 4. It is in the nature of a pool cell that the antigen dose of antigens may be reduced. The reduced antigen density leads  
91 to reduced sensitivity for the respective antigen. Therefore, the sensitivity of the pool cell may be slightly lower  
92 compared to the sensitivity of a screening cell of a two cell or three cell screening panel.
- 93 5. Due to the pool of two cells of two distinct donors, it is possible that the pool cell is positive and negative for a specific  
94 antigen, which leads in the case of a positive result in antibody screening to a double population (one part of cells  
95 agglutinating in the gel matrix, whereas the other part of the cells sediments to the bottom of the gel tube). Such a  
96 result is to be interpreted as positive.
- 97 6. If poor anti-coagulated plasma or incompletely clotted serum is used, fibrin residues may trap non-agglutinated red  
98 blood cells at the top of the gel, appearing as a pinkish or reddish layer, but the negative reaction can be interpreted  
99 as such. It is recommended to re clot the serum and repeat the test.
- 100 7. Low-incidence antigens may not be represented in the Search-Cyte<sup>®</sup> Pool o.8% Reagent Red Blood Cells, so negative  
101 reactions with them do not always indicate absence of an antibody in the sample under study.
- 102 8. Because of the high incidence of the Fy<sub>4</sub> gene in the Black population, it cannot be assumed that the phenotypes  
103 Fy(a+b-) and Fy(a-b+) in Black donors represent homozygous expressions of the Fy<sup>a</sup> or Fy<sup>b</sup> genes. Use of an  
104 autocontrol may be helpful in distinguishing between autoantibodies and alloantibodies.<sup>3</sup>

105 **False negative results may occur under the following conditions:**

- 106 1. If antibody elutes from red blood cell during incubation.
- 107 2. If red blood cell and/or serum are stored improperly and lose reactivity.
- 108 3. If incubation times and/or temperatures are incorrect for proper red blood cell sensitization.
- 109 4. If plasma is used, complement-dependent hemolytic reactions may not be detected.

110 **False positive results may occur under the following conditions:**

- 111 1. If antibodies to antibiotics or to other ingredients in the red blood cell suspending medium used are present in the test  
112 serum.
- 113 2. In rare cases, the test serum contains an antibody directed at one of the components of the reagent diluent.
- 114 3. The formation of "rouleaux", caused by an excess of protein in the serum, the presence of abnormal proteins, drugs,  
115 plasma expanders, etc., may cause false positive reactions.<sup>2</sup>

116 **SPECIFIC PERFORMANCE CHARACTERISTICS**

117 Each lot of Search-Cyte<sup>®</sup> Pool o.8% Reagent Red Blood Cell is carefully prepared to permit detection of antibodies to the  
118 selected red blood cells antigens when used as outlined in these procedures.

119 All antigen typings listed on the antigenic constitution matrix are confirmed using two sources of antiserum except for  
120 those indicated on the antigenic constitution matrix enclosed with each lot.

121 Identified low incidence antigens present are indicated on the antigenic constitution matrix. Direct antiglobulin tests are  
122 negative on all red blood cells.

123 As with all red blood cells, the reactivity of the product may decrease during the dating period. The rate at which  
124 antigen reactivity is lost is partially dependent upon individual donor characteristics that are neither controlled nor  
125 predictable by the manufacturer. However, if properly stored when not in use, the reagent can be expected to perform  
126 as described throughout its dating.

127 **BIBLIOGRAPHY**

- 128 1. Mollison P.L., Blood Transfusion in Clinical Medicine. 11<sup>th</sup> ed. Blackwell Scientific Publication; 2005: Chapter 8.
- 129 2. Technical Manual of the American Association of Blood Banks. 17<sup>th</sup> ed. 2011, Chapter 15 and 17.
- 130 3. Ibidem: Chapter 14, p. 421f.
- 131

132 Manufactured by:

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146 **SYMBOLS KEY**

147 One or more of these symbols may have been used in the labeling/packaging of this product.

- 148  
149 "symbol" *In vitro* diagnostic medical device  
150 "symbol" Batch code  
151 "symbol" Use by YYYY-MM-DD or YYYY-MM  
152 "symbol" Temperature limitation  
153 "symbol" Consult instructions for use  
154 "symbol" Catalog number  
155 "symbol" This way up  
156 "symbol" Fragile, handle with care  
157 "symbol" Keep dry