INTENDED USE
These reagents are suitable for use by the slide and tube techniques and are designed for use by operators trained in serological techniques.

INTRODUCTION
In 1945, Coombs, Mourant and Race described the use of anti-human globulin serum for detecting red cell-bound non-agglutinating antibodies.

PRINCIPLE
When used by recommended techniques, the reagent will cause agglutination (clumping) of red cells, carrying IgG in the antiglobulin phase of testing. No agglutination usually indicates the absence of IgG (See Limitations).

REAGENTS
Rapid Labs Monospecific Anti-Human IgG Clear and Anti-Human IgG Green reagents contain anti-IgG derived from rabbits. All non-specific activity is removed by absorption. The reagents are supplied at optimal dilution, for use with all the recommended techniques stated below without the need for further dilution or addition. For lot reference number and expiry date see Vial Label. Rapid Labs Anti-Human IgG is Colourless.

STORAGE
Rapid reagents should be stored at 2 - 8°C on receipt. Prolonged storage at temperatures outside this range may result in accelerated loss of reagent reactivity. Do not use if turbid. Do not dilute.

SAMPLE COLLECTION AND PREPARATION
Samples should be drawn aseptically into EDTA and tested as soon as possible. If EDTA is unavailable, samples drawn into ACD, CPD or CPDA-1 are preferable to clotted ones. If only clotted samples are available, do not refrigerate them before testing. All blood samples should be washed at least twice with PBS or isotonic saline before being tested.

PRECAUTIONS
1. The reagents are intended for in vitro diagnostic use only.
2. If a reagent vial is cracked or leaking, discard the contents immediately.
3. Do not use the reagents past the expiration date (see Vial Label).
4. Do not use the reagents if a precipitate is present.
5. Protective clothing should be worn when handling the reagents, such as disposable gloves and a laboratory coat.
6. The reagents contain < 0.1% sodium azide. Sodium azide may be toxic if ingested and may react with lead and copper plumbing to form explosive metal azides. On disposal flush away with large volumes of water.
7. No known tests can guarantee that products derived from human or animal sources are free from infectious agents. Care must be taken in the use and disposal of each vial and its contents.

CONTROLS AND ADVICE
1. It is recommended a positive control weak Anti-D (0.1 IU/l) and a negative control (an inert serum i.e. bovine albumin) be test in parallel with each batch of tests. Tests must be considered invalid if controls do not show expected results.
2. The antiglobulin techniques can only be correctly validated if all negative tests react positively with IgG sensitised red cells.
3. In the Recommended Techniques one volume is approximately 50 µl when using the vial dropper provided.
4. The use of the reagents and the interpretation of results must be carried out by properly trained and qualified personnel in accordance with the requirements of the country where the reagents are in use.
5. The user must determine the suitability of the reagents for use in other techniques.

MATERIALS REQUIRED
Coombs cell washer.
Centrifuge
Glass test tubes (10 x 75 mm or 12 x 75 mm).
IgG sensitised red cells.
Inert antibody
Low Ionic Strength Solution (LISS): Containing 0.03M NaCl, 0.003M Na2HPO4: NaH2PO4 buffer pH 6.7 ± 1°C and 0.24M glycine.
PBS solution (pH 6.8 ± 1°C at 22ºC ± 1ºC and 0.24M glycine.
Inert human globulin reagent.

DIRECTIONS FOR USE
A. Direct Antiglobulin Technique (DAT)
1. Wash test red cells 4 times with PBS or isotonic saline, taking care to decant saline between washes and resuspend each cell button after each wash. Completely decant saline after last wash.
2. Add 2 volumes of Rapid Labs Anti-IgG to each dry cell button.
3. Mix thoroughly and centrifuge all tubes for 20 seconds at 1000 rcf for a suitable alternative time and force.
4. Gently resuspend red cell button and read macroscopically for agglutination

B. Indirect Antiglobulin Technique (NISS IAT)
1. Prepare a 2-3% suspension of washed test red cells in PBS or isotonic saline.
2. Place in a labelled test tube: 2 volumes of test serum and 1 volume of test red cell suspension.
3. Mix thoroughly and incubate at 37°C for 15 minutes.
4. Wash test red cells 4 times with PBS or isotonic saline, taking care to decant saline between washes and resuspend each red cell button after each wash. Completely decant saline after last wash.
5. Add 2 volumes of Rapid Labs Anti-IgG to each dry cell button.
6. Mix thoroughly and centrifuge all tubes for 20 seconds at 1000 rcf or for a suitable alternative time and force.
7. Gently resuspend red cell button and read macroscopically for agglutination

C. LISS Indirect Antiglobulin Technique (LISS IAT)
1. Prepare a 1.5-2% suspension of washed test red cells in LISS.
2. Place in a labelled test tube: 2 volumes of test serum and 2 volumes of test red cell suspension.
3. Mix thoroughly and incubate at 37°C for 15 minutes.
4. Follow steps 4 to 7 of NISS IAT above.

INTERPRETATION OF TEST RESULTS
1. Positive: Agglutination of test red cells constitutes a positive test result and within the accepted limitations of the test procedure, indicates the presence of IgG on the test red cells.
2. Negative: No agglutination of the test red cells constitutes a negative result and within the accepted limitations of the test procedure, indicates the absence of IgG on the test red cells. A negative result should turn positive with the addition of IgG sensitised red cells.

STABILITY OF THE REACTIONS
1. Washing steps should be completed without interruption and tests centrifuged and read immediately after addition of the reagent. Delays may result in dissociation of antigen-antibody complex and false negative results.
2. Caution should be exercised in the interpretation of results of tests performed at temperatures other than those recommended.

LIMITATIONS
1. Red cells that have a positive DAT due to a coating of IgG cannot be typed by the Indirect Antiglobulin Techniques.
2. Inadequate washing of red cells in the indirect antiglobulin technique may result in neutralisation of the anti-human globulin reagent.
3. A positive DAT due to complement sensitisation may not reflect in vivo complement fixation if test cells are from a refrigerated clotted sample.
4. A negative direct antiglobulin test result does not necessarily preclude clinical diagnosis of ABO Haemolytic Disease of the Newborn or Auto Immune Haemolytic Anaemia. It also does not necessarily rule out HDN, especially if ABO incompatibility is suspected.
5. False positive or false negative results may also occur due to: Contamination of test materials impairing storage, cell concentration, incubation time or temperature Improper or excessive centrifugation.

SPECIFIC PERFORMANCE CHARACTERISTICS
1. The reagents have been characterised by the procedures mentioned in the recommended techniques.
2. Prior to release, each lot of Rapid Labs Anti-Human IgG clear and Anti-Human IgG green is tested by the recommended techniques against red cells coated with Anti-D, Anti-K and Anti-Fya to check suitable reactivity
3. The anti-IgG potency has been tested against the following minimum potency reference standard obtained from National Institute of Biological Standards and Controls (NIBSC): Anti-AHG reference standard 96/666
4. The reactivity of any Anti-IgM, Anti-IgG or Anti-light chain components that might be present has not been established
5. The Quality Control of the reagents was performed using red cells that had been washed with PBS or isotonic saline prior to use
6. The reagents comply with the recommendations contained in the latest issue of the Guidelines for the UK Blood Transfusion Services

BIBLIOGRAPHY