

ABID CASE #15

Questions:

1. What is the probable identity of this antibody?
2. Is any further workup needed to prove it?
3. Why doesn't the antibody react with all cells carrying the corresponding antigen? What is this phenomenon called? Why do you suppose the technologist chose to try the PEG/tube technique for the second panel?
4. Does this antibody cause hemolytic transfusion reactions? (Hint: if the patient was transfused 3 weeks earlier, why isn't there a mixed field typing for C and/or E showing transfused cells of the common Rh phenotypes R1 or R2.)
5. Does this antibody cause hemolytic disease of the fetus and newborn?
6. How would we select compatible blood for this patient? What percentage of donors is expected to be compatible with this recipient?