ARUP LABORATORIES | aruplab.com
500 Chipeta Way, Salt Lake City, Utah 84108-1221
phone: 801-583-2787, toll free: 800-522-2787
Jonathan R. Genzen, MD, PhD, Chief Medical Officer

PATIENT REPORT

Patient Age/Sex: Unknown

Specimen Collected: 12-Mar-24 12:39

AB Ident Panel-PEG (IRL) | **Received: 13-Mar-24 13:15** **Report/Verified: 13-Mar-24 13:25**

Procedure	Result	Units	Reference Interval
PEG Panel Identification	Done		

Antigen Testing, RBC Phenotype Extended | **Received: 13-Mar-24 13:15** **Report/Verified: 13-Mar-24 13:25**

Procedure	Result	Units	Reference Interval
RBC Phenotype Extended	See Below t1		

Elution And Antibody Identification, RBC | **Received: 13-Mar-24 13:15** **Report/Verified: 13-Mar-24 13:25**

Procedure	Result	Units	Reference Interval
Interp Elution	See Below t2		

RBC Antibody ID Package (IRL) | **Received: 13-Mar-24 13:14** **Report/Verified: 13-Mar-24 13:25**

Procedure	Result	Units	Reference Interval
ABORh	O Positive		
Direct Coombs	**IgG+C3- * f1**		[Negative]
Antibody Identification PKG	See Below t3		

Selected Liq Nitro 2 Red Cell Panel | **Received: 13-Mar-24 13:15** **Report/Verified: 13-Mar-24 13:25**

Procedure	Result	Units	Reference Interval
Selected Liq Nitro 2 Panel ID	Done		
Selected Liq Nitro 2 Panel ID	Done		

Selected Liquid Red Cell Panel | **Received: 13-Mar-24 13:15** **Report/Verified: 13-Mar-24 13:25**

Procedure	Result	Units	Reference Interval
Selected Red Cell Panel	Done		

Warm Triple Adsorption | **Received: 13-Mar-24 13:15** **Report/Verified: 13-Mar-24 13:25**

Procedure	Result	Units	Reference Interval
Warm Triple Adsorption,Nbr. Performed	3		

Interpretive Text

t1: 12-Mar-24 12:39 (RBC Phenotype Extended)

This patient appears to have the following red cell extended phenotype:
DCe/DcE K- Fy(a+b-) Jk(a-b+) S+s-
(ISBT) RH:1,2,3,4,5 KEL:-1 FY:1,-2 JK:-3,4 MNS:3,-4

The patient's red cells were EDTA glycine-acid treated to remove the coating IgG, allowing for the use of antisera requiring antiglobulin reagents.

t2: 12-Mar-24 12:39 (Interp Elution)

The eluate was reactive with all cells tested showing no apparent specificity. This reactivity pattern is consistent with a warm autoantibody.

t3: 12-Mar-24 12:39 (Antibody Identification PKG)

Anti-s(MNS4) and an apparent warm autoantibody were identified in this patient's serum. No additional red cell antibodies were apparent at this time.

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Interpretive Text

t3: 12-Mar-24 12:39 (Antibody Identification PKG)

A warm adsorption procedure using selected R1R1, R2R2, and rr cells was used to remove the autoantibody reactivity revealing the underlying anti-s. The use of this method cannot exclude the possible presence of an alloantibody directed against a high-frequency antigen which could present similar results.
Anti-s is a clinically significant antibody capable of causing transfusion reactions.

Warm autoantibodies may be related to the patient's condition, drug induced (most commonly alpha-methyl dopa, levodopa, mefenamic acid, procainamide, piperacillin, and some cephalosporins, ie cefotetan, ceftriaxone), or may occur in association with a disease process such as infections, neoplasms, and autoimmune disorders. Clinical significance of warm autoantibodies may vary. Increased bilirubin, elevated reticulocyte values and decreased haptoglobin may indicate immune hemolysis.

If red cell transfusion is required for this patient, donor units selected, shall be negative for the s (MNS4) antigen. It is recommended that the institution's policy for selecting and crossmatching units be followed.

Result Footnote

f1: Direct Coombs

IgG: Positive
Complement (C3): Negative

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab