

ANOTHER *BLOODY* NEWSLETTER!

June 2005

A heartfelt **goodbye** to Brooke Taylor, our admin II, who is now working in the Pathology department.



Clin P. Hours & Submission Cut Off Times

	Monday -Friday	Weekends	Holidays
Routine Business	8:00 am - 5:00 pm	NA	NA
Samples in by*:	4:00 pm	NA	NA
Emergency	5:00 pm - 8:00 pm	8:00 am - 8:00 pm	8:00 am - 2:00 pm
Samples in by**:	7:15 pm	7:15 pm	1:15 pm

* **Submit samples by this time to avoid emergency rates.**

** **Submit samples by this time to avoid a surcharge for extended hours.**

Note: Routine submissions during ER hours will be held until the next business day unless ER workload permits routine testing. (PHP cases are excepted.)

ABL 805 Reminders:

- 1). If you receive “??” results on the ABL, try retesting. If that is not desirable, and the patient needs to be redrawn, please indicate that on the printout, and leave for us to note.
- 2). When collecting any sample in an anticoagulant (such as EDTA for a CBC), immediately mix the tube multiple times after filling it. This will help minimize clotting and platelet clumping.

Coagulation: The FDP and D-Dimer procedures are validated for **canines** only. Feline and equine coag tests are: PT, APTT, PLT (part of C3), and ATIII.

CE- Blood Banking:

We had a dog sample submitted for a crossmatch recently. (The animal was hit by a car.) In the crossmatch procedure, the auto control was negative. The major-side was incompatible with 1 of 2 donors. The patient was DEA 1.1 positive. It was incompatible with “Bearly” (DEA 1.1 +), but compatible with “Mick” (DEA neg). The dog had received prior transfusions.

Question: “Is the unit bad?” How should this be handled?

Answer: Mick's blood can be transfused and Bearly's blood should not be transfused in this patient. It can, however, be crossmatched and transfused into another compatible patient. The samples were sent to Midwest Animal Blood Services for full typing. The patient was positive for DEA 1.1, 3, 4, and 5. Bearly was positive for DEA 1.1 and 4. Mick is a “universal donor”: positive for DEA 4 only. The incompatibility was confirmed and the patient was found to react with 67% of their panel, but with no specific antibody pattern. This indicates a common antigen (Ag). It is possible that an antibody (Ab) was formed against immature or fragmented cell Ag, but is not potent enough to react in the autocontrol. Another theory is that the Ab is against DEA 6, which is not tested for, but is present in 60% of dogs. The Ag/Ab is difficult to test for, and is not included in Midwest's reagent panel. The history of prior transfusions provides an exposure source for the Ag, and emphasizes the importance of crossmatching, particularly when a history of prior transfusions is present or unknown.

CE authored by Linda Vap, DVM, Dipl. ACVP.

Respectfully submitted by Cherie Heger, MT (ASCP).

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