



## POLICY FOR RETEST OF SERO REACTIVE CASES

### Pathology

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### ABSTRACT

Testing of infectious markers is mandatory in every blood bank. Because it is needed for safe transfusion of blood. As we all know blood transfusion is a very common requirement in every hospital, because if the patient is bleeding profusely his Hemoglobin level will fall drastically, and can lead to various other complications. The immediate response of emergency medical officer is to order blood grouping and cross match for the patient so that blood with the same blood group can be transfused immediately. So, every blood bank prior to releasing every unit of blood get it checked for all the infectious markers. High level of testing procedures and machines is used in order to get a fool proof result. Kits of high quality generations preferably fourth generations such as Bio-red, J.Mitra, Trivitron, dr safe hands, Boehringer Mannheim etc is used to get good quality result. Still apart from good quality testing kits and techniques, there are few things we need to do diligently in order to get best results of infectious markers which ultimately enables best safe transfusion. Good quality of controls both commercially provided and self-made controls is required with each batch of testing. If any ELISA Testing batch shows few results which is close to cut off value, needs to be rechecked on a special testing protocol which should be regularly followed in every blood bank.[1]

### KEYWORDS

Reactive, Positive, Controls, cut-off, Repeat, Testing,

#### Retest of Sero Reactive cases

1. Test specimens with absorbance value less than the cut off value are considered non-reactive.
2. Test specimen with absorbance value greater than the cut off value are considered as reactive.
3. Test specimens with absorbance value within 10% below or above the cut off are considered suspect of presence of antibody and are retested in duplicate.
4. Controls of all types, kits provided and self-made controls which includes highly positive results, negative results, and controls which are closer to grey zone (self-prepared) needs to be applied.
5. If both duplicate retest sample absorbance value is less than cut off value, the specimen is considered non-reactive.
6. If any one of the duplicate retest sample absorbance value is equal to or greater than the cut off or both retest value is equal to or greater than the cut off, the sample is considered reactive and donor is called and counselled and other advance assays is recommended.[2]

#### CONCLUSION

Testing for infectious markers should be applied with utmost care, as someone lives depend on our hands. Most of the positive cases like HIV, HBsAg, HCV, Syphilis is due to illegal blood transfusion of blood. Hence a proper protocol is to be maintained in order to achieve safe transfusion of blood. High quality testing procedures should be followed with implementation of proper controls to achieve best results. The policy for Sero reactive tests should be followed with proper implementation.[3]

#### REFERENCES:

- 1) Transfusion Medicine Technical manual ED. R.K SARAN, 2<sup>nd</sup> edition.
- 2) Compendium of Transfusion medicine by Dr R.N Makroo.
- 3) Training Module for Blood Bank Medical Officers & Laboratory Technicians.