

# **ORTHO<sup>®</sup> Anti-A<sub>1</sub> Lectin**

*(Dolichos biflorus)*

## **For Tube Test**

A Qualitative Test for Recognition of the A<sub>1</sub> Antigen on Human Red Blood Cells

**REF**

711830

**Rx ONLY**

### **SUMMARY AND EXPLANATION**

Erythrocytes possessing the A antigen can be subdivided into A<sub>1</sub> and A<sub>2</sub>. Group A red blood cells which are agglutinated with Anti-A<sub>1</sub> lectin are said to be of the subgroup A<sub>1</sub>. Those which are not agglutinated by Anti-A<sub>1</sub> lectin fall into subgroups weaker than A<sub>1</sub>, the majority being classified as A<sub>2</sub>. The red blood cells of approximately 80% of the blood group A population are A<sub>1</sub>, while the remaining 20% are A<sub>2</sub> or weaker.

### **PRINCIPLE OF PROCEDURE**

The procedure used with this reagent is based on the principle of agglutination. Normal human red blood cells, possessing antigens, will clump in the presence of antibody directed toward the antigens. Some extracts of seeds (lectin) contain powerful agglutinins with human blood group specificity. The extract of the seeds from *Dolichos biflorus* is virtually specific for A<sub>1</sub> antigens on red blood cells.

### **REAGENT**

ORTHO Anti-A<sub>1</sub> Lectin (*Dolichos biflorus*) is designed for use in agglutination tests for the recognition of the A<sub>1</sub> antigen on human red blood cells. This reagent is a purified extract of the seeds of *Dolichos biflorus*, containing a phytohemagglutinin which agglutinates red blood cells of the subgroup A<sub>1</sub> or A<sub>1</sub>B.

This reagent contains sodium azide 0.1% as a preservative. Sodium chloride is an additional constituent. Use as furnished.

### **FOR IN VITRO DIAGNOSTIC USE**

**Warning: Contains sodium azide. Sodium azide may react with lead and copper plumbing to form highly explosive metal azide. On disposal, flush with a large volume of water to prevent azide buildup.**

Do not use beyond expiration date. Store at 2 to 8°C. May be at room temperature (20 to 30°C) while in use.

Extreme turbidity may indicate microbial contamination. Serologic testing is necessary to recognize reagent deterioration.

### **CONTROLS**

It is recommended the reagent be tested on each day of use with appropriate positive and negative controls.

Positive control—known A<sub>1</sub> red cells.

Negative control—known A<sub>2</sub> red cells.

### **SPECIMEN COLLECTION AND PREPARATION**

No special preparation of the patient is required prior to specimen collection. Blood should be collected by approved techniques. The sample should be tested as soon as possible following collection. If a delay in testing should occur, the sample should be stored at 2 to 8°C.

Blood drawn into heparin or oxalate should be tested within two days. Clotted specimens or blood drawn into sodium citrate or EDTA should be tested within 14 days. Donor blood may be tested up to date of expiration.

### **PROCEDURE**

#### **Material Provided**

ORTHO Anti-A<sub>1</sub> Lectin for Tube Test

#### **Required Supplementary Materials**

#### **Tube Method**

1. Test tubes, 10 x 75 mm or 12 x 75 mm
2. Transfer pipettes
3. Centrifuge
4. Isotonic saline, 0.85-0.9% sodium chloride

**Directions for Use**

**Tube Method**

1. Prepare a 3% to 5% suspension of red blood cells in isotonic saline.
2. To a test tube, add one drop of ORTHO Anti-A<sub>1</sub> Lectin.
3. Using a transfer pipette, add one drop of the cell suspension.
4. Mix well and centrifuge.  
Suggested centrifugation: approximately 15 seconds at 3400 rpm (900-1000 rcf) or 1 minute at 1000 rpm (100-125 rcf).\*
5. Resuspend the cells by gentle agitation and examine macroscopically for agglutination.

**RESULTS**

**Interpretation**

1. Agglutination of the red blood cells is a positive test result and indicates the presence of the A<sub>1</sub> antigen.
2. No agglutination of the red blood cells is a negative test result and indicates the absence of the A<sub>1</sub> antigen.

**Stability of Final Reaction Mixture**

**Tube Method**

All results should be interpreted upon test completion.

**LIMITATIONS OF PROCEDURE**

1. Tests using antisera of the ABO blood group system should be performed at room temperature (20 to 30°C) and never incubated at higher temperatures.
2. The A<sub>1</sub> antigen is not fully expressed on the red blood cells of newborn infants and false-negative results may occur.
3. Aged red cells may yield weaker reactions than those obtained with fresh red cells.
4. Contaminated blood specimens and/or supplementary materials used in the procedures described may interfere with the test results.

**SPECIFIC PERFORMANCE CHARACTERISTICS**

When properly stored and used according to the procedures described under Directions for Use, this reagent will agglutinate red cells which have the antigen against which it is directed. The potency of this reagent is standardized by comparison to a previously approved lot. The reactivity of each lot is demonstrated in tests with the recommended procedure using cells from several donors. The specificity of each lot is shown by the recommended tube method using a panel of cells which lack the antigen against which the antiserum is directed but contain as many other antigens having a frequency of 1% or greater as possible.

Technical questions concerning this reagent should be directed to Customer Technical Support at 1-800-322-6374.

\* The centrifugal force applied to cell/serum mixtures should be the minimum required to produce a "button" of red cells and a clear supernate.

Overcentrifugation, i.e., the application of forces in excess of the minimum, causes the cells to adhere to the bottom of the test tube so that vigorous agitation is necessary before they can be resuspended. During such agitation, weak agglutination may be dispersed causing a positive reaction to be missed.

Undercentrifugation, i.e., the failure to apply forces necessary to cause the cells to form a "button" and a clear supernate, may result in a weak or negative reaction.

No one speed and time of centrifugation can be recommended which will cover the wide variety of centrifuges available; each laboratory must calibrate its own equipment and determine the time required at a given speed to achieve the desired result.

<b>SUMMARY OF REVISIONS</b>	
<b>Section</b>	<b>Revision</b>
<b>Front Page</b>	Added Rx ONLY.
<b>Back Page</b>	Updated corporate logo.

**BIBLIOGRAPHY**

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