Proposal to Clarify Living Donor Blood Subtype Determination

Sponsoring Committee: Operations and Safety Committee
Public Comment: No
Effective Date: September 1, 2016

Problem Statement
The problem is that the word “cell” was inadvertently omitted in one phrase that was intended to read “pre-red blood cell transfusion” in Policy 14.5.B: Living Donor Blood Subtype Determination. The specific term "pre-red blood cell transfusion" appears elsewhere in this policy as well as in Policy 2.6.B: Deceased Donor Blood Subtype Determination.

Summary of Changes
This policy change adds the word “cell” where it was intended to be placed in this policy to maintain consistency in the policy language.

What Members Need to Do
This is a clarification for consistency and members do not need to do anything additional as a result of this change.

Affected Policy/Bylaw Language:
New language is underlined and language that will be deleted is struck through.

14.5.B Living Donor Blood Subtype Determination

Subtyping is optional for living donors.

If the recovery hospital chooses to subtype and pre-red blood cell transfusion samples are available, then subtyping must be completed according to Table 14-10.

<table>
<thead>
<tr>
<th>If the donor’s primary blood type is:</th>
<th>A second subtyping must be completed if the first subtype result is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Blood type A, non-A1</td>
</tr>
<tr>
<td>AB</td>
<td>Blood type AB, non-A1;B</td>
</tr>
</tbody>
</table>

Living donor blood samples for subtyping must:

1. Be tested using pre-red blood cell transfusion samples
2. Be drawn on two separate occasions
3. Have different collection times
4. Be submitted as separate samples

All subtype results reported to the OPTN Contractor must be from two separate tests indicating the same result. If there are conflicting subtype results, the subtype results must not be reported to the OPTN Contractor and living donor transplant compatibility or allocation must be based on the primary blood type.

If subtype is determined and reported, the recovery hospital must document that subtyping was conducted according to the above requirements.

#