Orders Under LAB BB

Periodically, there is confusion about the meaning of orders under LAB BB. Hopefully, this will help. If, after reading, you still have questions, give me a call. Orders under LAB BB in Meditech include:

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Type and Screen (TS): When you want to transfuse a child with RBC, send a Hollister labeled specimen and order a TS. The Lab will determine the ABO and Rh blood type of the child and screen the plasma for the presence of antibodies to non-ABO red cell antigens. The plasma will also be used to cross match units of RBC for transfusion. If only FFP and platelets will be transfused and the Lab already has a blood type for the child, the Lab still needs a Hollister labeled specimen (we need this for a workup if there is a transfusion reaction and for proper identification of the patient) but you do not need to order a TS.

Direct Coombs (DC): This test is ordered when you want to know if IgG or complement C3d or C3b antibodies are on the surface of the RBC. In the near future, we will be able to tell you if it is IgG alone and/or complement. This test is most commonly used when there is evidence that the patient is hemolyzing their RBC.

Circulating Antibody (A&B) (CAB): This test looks for IgG antibodies to the A and B antigens. Type O mothers may make IgG antibodies to A and B antigens, and IgG antibodies cross the placenta and may cause ABO hemolytic disease of the newborn. In contrast, a type A (B) person usually makes IgM antibodies to B (A), and IgM antibodies do not cross the placenta. This test is most commonly used when a newborn has evidence of hemolytic disease of the newborn. These antibodies can cause hemolysis.

Antibody Screen (ABSC): Use this order when you want to know if there are IgG antibodies to red cell antigens other than the anti-A and anti-B in the patient’s plasma. Examples would include anti-D, C, E of the Rh system, Kell (K), and Duffy (Fy). These can occur in the newborn if they have crossed the placenta and in patients with previous transfusions.

ABO & Rh Type Only (ABO): Use this order when you want to know the ABO and Rh type of a patient but do not plan to transfuse RBC. You may plan to transfuse platelets or FFP, but if that is the case, be sure to Hollister label the specimen. Blood types can be important in the interpretation of certain lab results such as von Willebrand Factor.
**News From Histology**  
by Eugenio Taboada, MD

**Anatomic Pathology-Histology Laboratory**

The Histology laboratory recently underwent the College of American Pathologists (CAP) inspection. CAP is the private accrediting agency for laboratories under the Clinical Laboratory Improvement Amendments of 1988 (CLIA ’88). The inspection is an essential part of accreditation of our laboratory, and we are pleased to announce that the Histology laboratory had no deficiencies. This is a very important event for us since the Histology laboratory handles and processes all surgical pathology specimens and non-GYN cytologies. Our laboratory also performs special diagnostic tests, including immunohistochemistry and immunofluorescence. The process of accreditation is in keeping with our CMH mission to “provide the highest level of medical care, technology, services, equipment, and facilities in promoting the health and well being of children in the region from birth through adolescence.” Also, this process is developed in keeping with CAP philosophy, “in pursuit of excellence.” Different sections of the laboratory are inspected, including procedure manuals, quality control, quality assurance/quality improvement, proficiency testing, and safety, among others, in a comprehensive inspection process. The inspectors use a series of detailed “check lists” to examine each area of laboratory services. Current CAP checklists are modified to reflect new and current CLIA requirements. Physical facilities, equipment, procedures, processes, and outcomes are eventually examined by the inspectors. The lists provide detailed requirements that inspectors use to determine whether the laboratory meets the standards.

As a whole, the inspection is a stressful experience, but it is also a good learning experience. Since the inspection is done by peers from other institutions, sharing information becomes part of the process. Ideas are traded, and improvements are made not only to the institution being inspected but to the one that is inspecting as well. Continual improvement, education, and certification that we are successfully fulfilling national and federal laboratory standards are the goals of the accreditation process, which occurs every two years. Our Histology laboratory did excellently on this year’s inspection, thanks to the hard work and dedication of staff. Bravo!

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**CME Series of Pathology and Laboratory**  
Tuesday, May 20, 2003  
12:00 p.m.-1:00 p.m.  
**Location:** Conference Room #2206.10 WT  
**Speaker:** Dr. Carol Saunders & Dr. Marilyn Hamilton  
**Topic:** Update on Molecular Virology and Report on Clearwater Meetings