Acceptance of a result of UI for antibody identification

This process should only be used where antibodies of likely clinical significance cannot be fully elucidated or excluded. N.B. UK NEQAS BTLP Pre-transfusion testing (PTT) samples do not contain more than two specificities, so if you have positively identified two specificities please *do not* make an UI submission.

The following rules will apply:

a. the following will incur penalties

- Misinterpretations contributed to by false negative or false positive reactions.
- If a specificity (actually present) is not entered as positively identified and we feel that it can be identified based on two positive and two negative reactions (as stated in BSH guidelines) by whatever method is appropriate (e.g. IAT, OR enzymes in the case of Rh). This will be based on a maximum of 2 antibodies being present. (N.B: Serological reactions obtained with the antibody screening cells should be included in the interpretation).
- If a specificity not actually present is entered as positively identified.
- If a specificity is entered as 'cannot be excluded', but we feel that it can be excluded, either because of one or more negative reactions with an appropriate antigen positive cell, or because of one or more negative reactions by a particular method. For example, stating that an Rh antibody cannot be excluded from an antibody mixture in the presence of a negative result with an enzyme treated cell carrying the corresponding antigen would incur a penalty.
- If a specificity is entered as 'cannot be excluded', but the patient phenotype provided shows that the patient is positive for the corresponding antigen.
- If a clinically significant antibody is not identified in the presence of an enzyme non-specific antibody.

b. the following will not incur penalties

- Being unable to exclude a specificity in line with BSH guidelines, e.g. having no apparent homozygous cell available to exclude anti-Jk^a.
- Including a specificity (if actually present) even if the inclusion does not comply with BSH guidelines (e.g. only one r'r cell).
- If an antibody (actually present) is reacting with homozygous but not with heterozygous cells, and is recorded as 'cannot be excluded' rather than as 'positively identified'. However, this would only apply if our in-house testing also found non-reactivity with heterozygous cells by the same technique; otherwise, this would be classed as a false negative result.

c. the following documentation is required for a UI submission to be considered

- UI should be selected in addition to any antibody that can be positively identified, following interactive instructions on the web data entry page.
- Details of any clinically significant antibodies that cannot be positively identified, but cannot be excluded must be provided, together with a full explanation of why identification cannot be confirmed.
- Scanned copies of all antibody ID and screening panel sheets showing the reactions recorded should be uploaded via the website. If it is not possible to upload documents, page 2 of this form can be used to submit a UI, by prior arrangement with the Scheme only.

If supporting paperwork is not submitted, only the antibodies recorded as positively identified will be considered for performance monitoring purposes.

Please use this form only if it is not possible to submit documents via the online data entry website.

Please complete this form *(including exercise code, PRN and date)* and email to BTLP@UKNEQAS.ORG.UK or if email is not possible, fax to the number below if you wish to make an antibody ID 'UI' submission and have returned your results on the web

Exercise Code: ……..	**PRN: ……..**
To Fax Number: +44 (0)1923 397397	
Attention of: UK NEQAS (BTLP)	
Date:	
Message consists of page(s) including this header	

Additional information

Explain briefly why identification could not be confirmed in-house for the relevant patient(s) and attach all panel profiles and results of investigations referred to, including results of antibody screening and ID profile/ enzyme panels etc.

Patient 1:

Patient 2:

Patient 3:

Patient 4: