

Granulocyte Antibodies

Synonyms

White Cell Antibodies

Clinical Indication

To determine granulocyte antibody significance in patients with severe neutropenia (cause unknown).

Requested by Consultant or agreed with Consultant Haematologists.

Part of Profile / See Also

Request Form

Combined Pathology manual Blood form or ICE request following discussion with or requested by Consultant Haematologists.

Availability / Frequency of Analysis

Referred Test: Analysed by NBSBT Colidale 9239 if specific criteria met

Turnaround Time

Usually within two months

Patient Preparation

Sample Requirements

Specimen Type

Whole Blood and Serum

Volume

Patient > 12 years old , up to Adult: 2 x 6ml EDTA & 1 x 6ml SST clot.

Patient > 4 Months old, up to 12 years old: 1 x 2 ml EDTA & 1 2ml SST clot

Patient < 4 months old : 2 x 1 ml EDTA sample & 1 yellow top Paediatric SST sample tube

Container



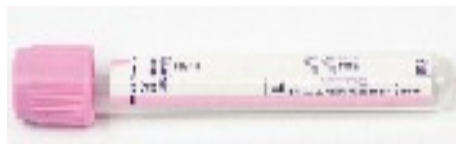
6 ml Purple Top EDTA

Basildon Site :



Paediatric 2 x Sarstedt EDTA KE/1.3 Micro tubes with red Screw Cap

Southend Site:



6 ml Pink Top EDTA



Paediatric 2 x Lavender Top (EDTA) tube

Plus for Both Sites :



1 x Yellow top (SST) tube



Paediatric 1 x Yellow top (SST) tube

Samples should be bled early in the day (Monday to Thursday) and transported to laboratory immediately.

Reference Range & Units
Interferences

Postage delays combined with testing window (reason for collection criteria)

Interpretation & Clinical
Decision Value (if applicable)

Testing for Granulocyte antibodies will only be undertaken if the condition falls into the following categories.

1. Autoimmune neutropenia, caused by rare granulocyte autoantibodies. The condition in children between 6 months and 5 years, known as autoimmune neutropenia of infancy, is self-limiting but may last several years. In adults, the condition may present as an isolated primary disorder or be secondary to other conditions such as rheumatoid arthritis or SLE.
2. Neonatal neutropenia, caused by maternal antibodies present on granulocytes at birth, leading to the risk of infectious complications.
3. Severe non haemolytic transfusion reactions.
4. Transfusion related acute lung injury (TRALI)
5. Neutropenia following bone marrow transplant.
6. Drug induced antibody neutropenia. This test must be accompanied by a sample of the drug involved.

References
Test code
Lab Handling

Samples should be posted to the reference laboratory as soon as possible and reach the reference lab within 72 hours of bleeding.

