



5 min
HANDLING



10 min
INCUBATION

A

MOVIE PROCEDURE (Scan the QR code)



Test procedure
Test reader
E-recording
Scientific assistance
Troubleshooting

B

PREPARATION OF BLOOD TUBES FOR MAJOR XM*

Centrifuge at 1000g



DONOR:
remove plasma
& keep pRBCs

OR collect pRBCs
from blood bag
segment.

RECIPIENT:
keep plasma



* For Minor XM: Reverse the donor & recipient tubes.

EDTA, CPDA or ACD ONLY. Do not use heparin.

C

PROCEDURE FOR MAJOR XM

STEP 1



1 blue
top buffer
→ 1.8mL



Fill completely

STEP 2



Donor
pRBCs



≈ 10μL

→ 1.8mL

STEP 3



Recipient
plasma

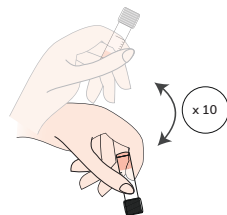


6
plasma
≈ 240μL

1 test tube

STEP 4

Mix suspension



STEP 5

Incubation



Incubation
at room
temperature



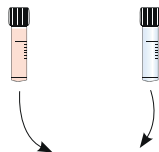
5 min
HANDLING



10 min
INCUBATION

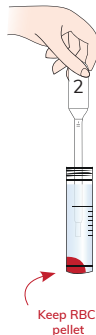
STEP 6 Centrifuge

Test tube
Balance tube
(not provided)



At 1 000g

STEP 7 Remove only supernatant



Keep RBC
pellet

STEP 8 Add 4 drops

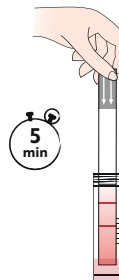


STEP 9 Mix suspension



Until
complete
resuspension
of RBC pellet

STEP 10 Add test strip

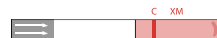


Scan your test
to get the result



RESULTS

**COMPATIBLE
SAFE TRANSFUSION**



**INCOMPATIBLE
DO NOT TRANSFUSE**



WEAK LINE = POSITIVE RESULT



**RARE CASE:
STRONG AUTO-AGGLUTINATION**

Scientific information:

- This test allows you to detect all DEA incompatibilities, including DEA 1, DEA 4, DEA 7... and other red blood cell alloantibodies.
- This test is used to detect alloantibodies after a mismatched transfusion or rare naturally occurring alloantibodies.
- For better sensitivity, especially in weak incompatibilities, we recommend confirming results with the Alvedia Gel Test technology (detection of low-affinity antibodies).
- Blood typing for DEA 1 is always recommended before any transfusion.
- Positive XM reactions may be observed in IMHA patients due to circulating autoantibodies present in the recipient plasma.
- Test results must be interpreted in conjunction with the clinical and therapeutic context.