



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*

BLOOD TYPING IS MANDATORY BEFORE XM

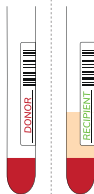
Centrifuge at 1000g



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

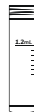


Fill completely

STEP 2



Donor
pRBCs



→ 1.8mL

1 test tube

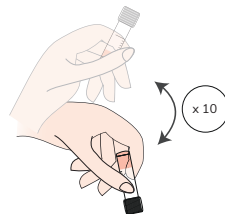
STEP 3



Recipient
plasma



STEP 4 Mix suspension



STEP 5 Incubation



Incubation
at room
temperature

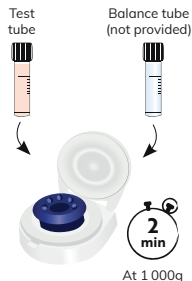


5 min
HANDLING

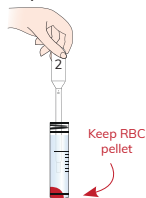


10 min
INCUBATION

STEP 6 Centrifuge



STEP 7 Remove only supernatant



STEP 8 Add 4 drops



STEP 9 Mix suspension



STEP 10 Add test strip



Do not interpret the test
after 10 minutes (weak line
may appear after drying)

Scan your test
to get the result



RESULTS



COMPATIBLE
SAFE TRANSFUSION



Do not interpret
the test after 10 minutes
(weak line may appear after drying)



INCOMPATIBLE
DO NOT TRANSFUSE



WEAK LINE AT 5 MINUTES = POSITIVE RESULT



RARE CASE: STRONG AUTO-AGGLUTINATION

Scientific information:

- It is MANDATORY to blood type both the donor and the recipient for the AB blood group system before performing a Feline XM Test.
- This test allows detection of incompatibilities associated with the AB blood group system, Mik, Feline Erythrocyte Antigens (FEA), and other unidentified red blood cell alloantibodies.
- This test is used to detect alloantibodies after a mismatched transfusion or naturally occurring alloantibodies.
- Positive XM reactions may be observed in IMHA patients due to circulating autoantibodies present in the recipient plasma.
- Cats may rapidly develop alloantibodies following a transfusion. A XM is recommended before any transfusion, even if a previous transfusion was compatible.
- Test results must be interpreted in conjunction with the clinical and therapeutic context.
- The use of properly stored and well-preserved red blood cells is essential for reliable test performance and accurate result interpretation: samples showing hemolysis, bacterial contamination, or poor preservation may lead to inaccurate results.
- In Minor XM tests, weak false-positive reactions may occasionally occur when frozen-thawed donor plasma contains residual fibrin aggregates. If visible fibrin filaments are observed in the plasma sample, a centrifugation step is recommended.