Blood-Banking: Past, Present and Future

Many years ago…
The crossmatch at RT,
And no QC.
Plenty of discovery:
ABO, MN and P
Albumin and anti-Rh(D).
No mention of QC.
Things were very elementary!

Then came…
Enzymes and IAT,
But no QC.
Minor crossmatch, DAT.
Rh neg. meant cde.
We sought incompatibility
Without QC.
We walked a tight-rope then, maybe.

And then,
FDA and BOB!
At last: “QC”.
C3 in AHG,
Let’s find that alloantibody.
JCAH and CAP,
More and more QC.
We sought to avoid calamity.

And now…
Forget RT incompatibility
Except for anti-A and -B.
Ignore MN, P, Le,
Donor iso/alloantibody.
But anti-Vel? Really?
And keep on with QC.
It’s in print for us to see.3,4

And in the future…
No C3 in AHG,
It’s not necessary (except for DAT).2
And no more crossmatch IAT???
Just the screen, and crossmatch RT.
How much simpler things will be.
And lots, lots more QC.
Will this become reality??

So then we’ll have…
The crossmatch at RT,
But with QC.
Bilirubin? Bloody-p?
Renal failure? DIC?
And perhaps a workshop at AABB
On how to QC our QC!
Some say we’ll cure somebody???

But wait…
Enough jocularity
Concerning this controversy
In immunohematology.
Let us the data see.
Facts, not someone’s fancy,
Beyond dispute are necessary,
And undoubtedly some QC.

So let’s find out…
About RT incompatibility,
C3 in AHG, e-t-c.
But do it scientifically!
Then hopefully
We will agree
On what’s important, clinically,
And rationalize QC.

W. John Judd

References: