



46° Convegno Nazionale di Studi di Medicina Trasfusionale

Rimini, 13-15 maggio 2026

What's new in Immunohematology

Jill Storry, Ph.D, FBBTS

Technical Director, Immunohematology, Labmedicine Skåne, Lund

Adj. Professor, Exp. Transfusion Medicine, Lund University

The undersigned Speaker, declares that:

in carrying out the function stated above at this event, I do not have any personal or third-party commercial interests, and that any relationships that I have had in the last two years with subjects with commercial interests are not such as to influence my function in order to draw any advantage.



Aims of this talk



Historical look at
blood group
discovery

From
hemagglutination
to genotyping

New techniques
and tools

Interpretation
barriers

WP –
Nomenclature and
ISBT database

What else can our
blood group genes
tell us?



Looking back at hemagglutination

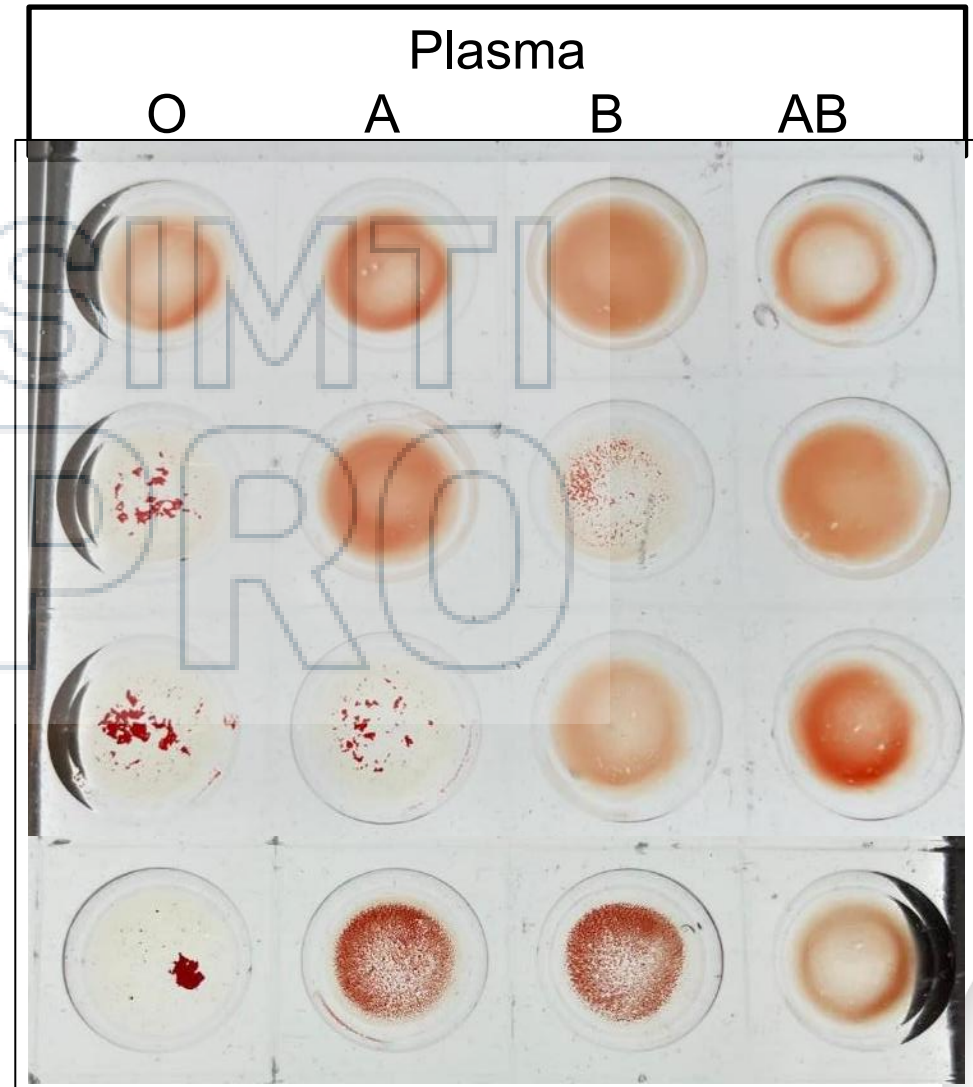
Landsteiner reported in 1900 that if he mixed the red blood cells and plasma from himself and his 5 colleagues:

- Some RBCs clumped, some did not
- Three patterns seen: A, B, C (now A, B, O)

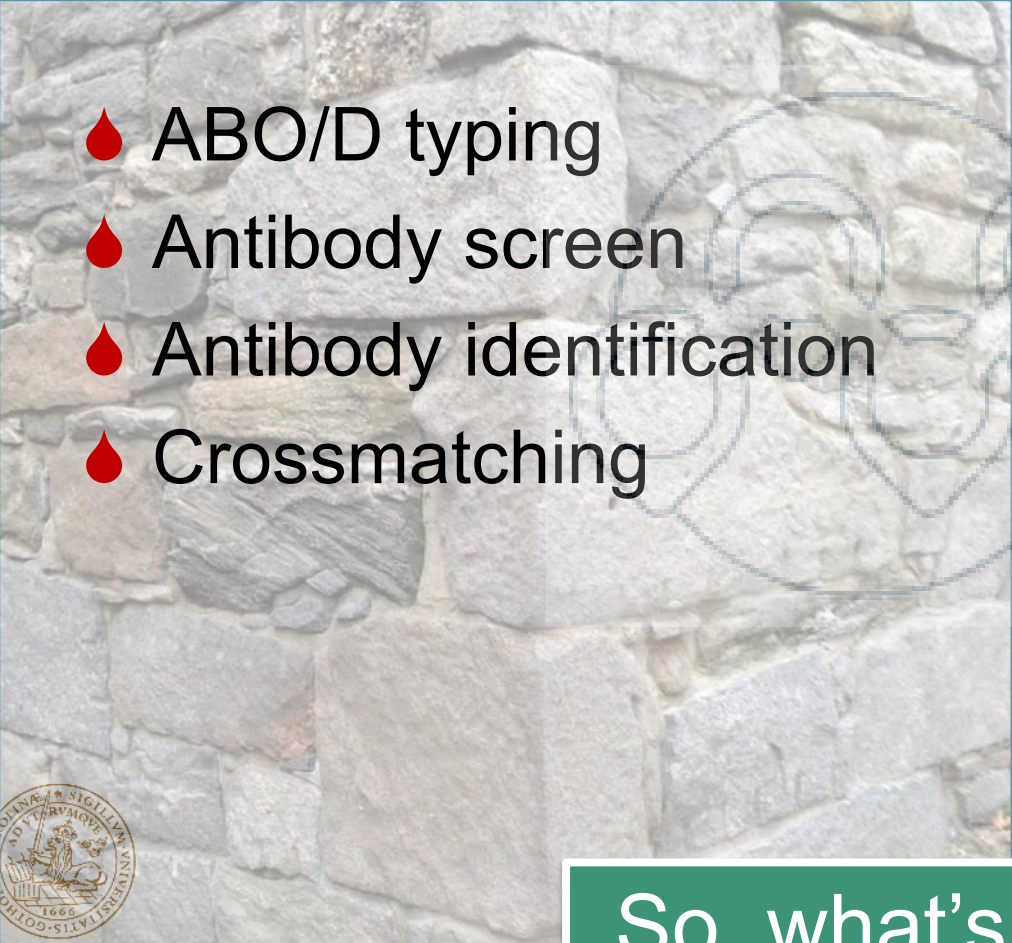
Immunohematology was born!

- Same technique has been used for 125 years...

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Hemagglutination remains the basis of blood group discovery

- 
- ABO/D typing
 - Antibody screen
 - Antibody identification
 - Crossmatching



- RBC panels

- Techniques

- Column

- Tube

- Microplate

- Enhancement solutions

- PBS, LISS, PEG

- Incubation temperature

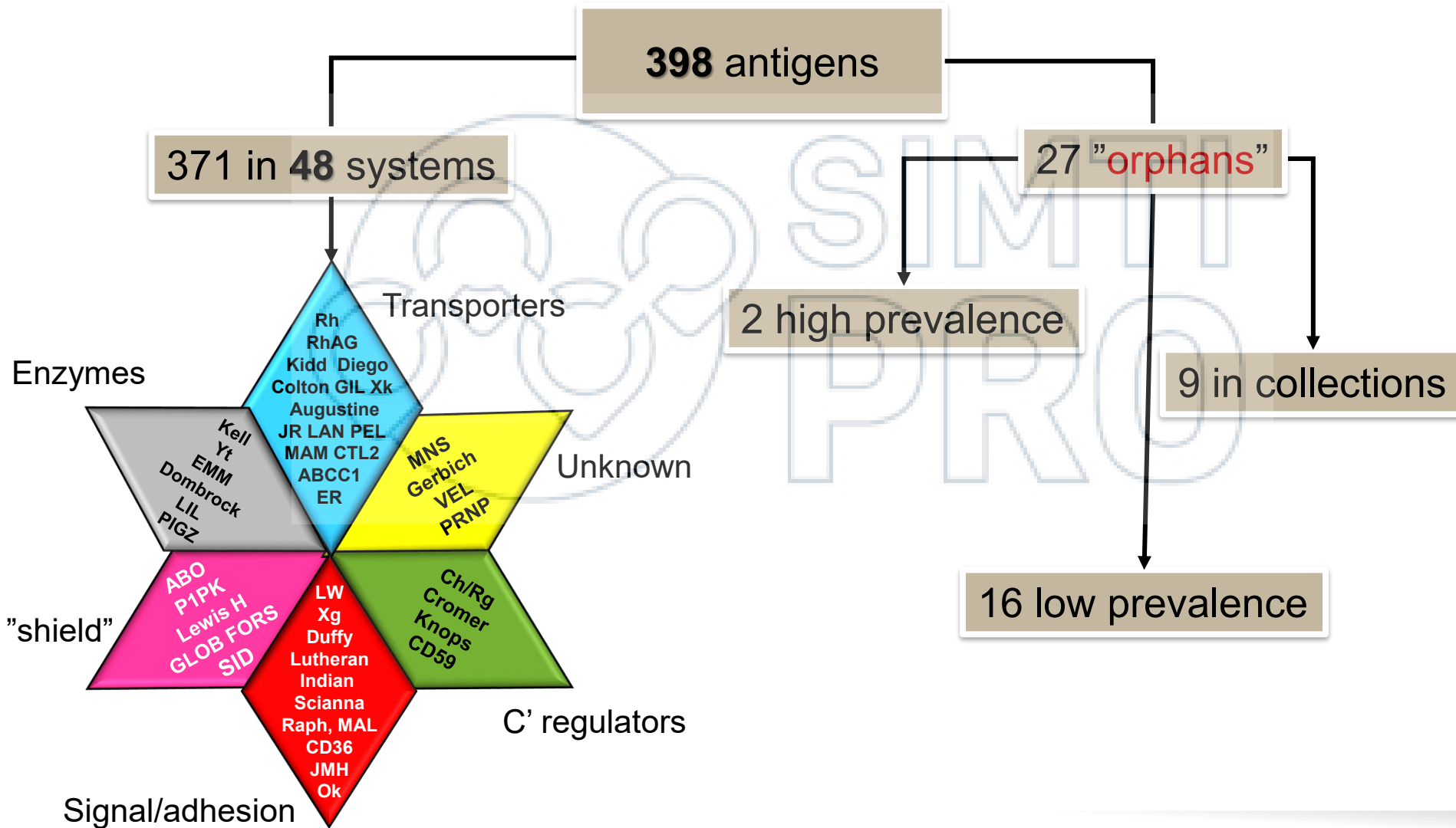
- 37°C, RT, 4°C

- Automation

So, what's new?



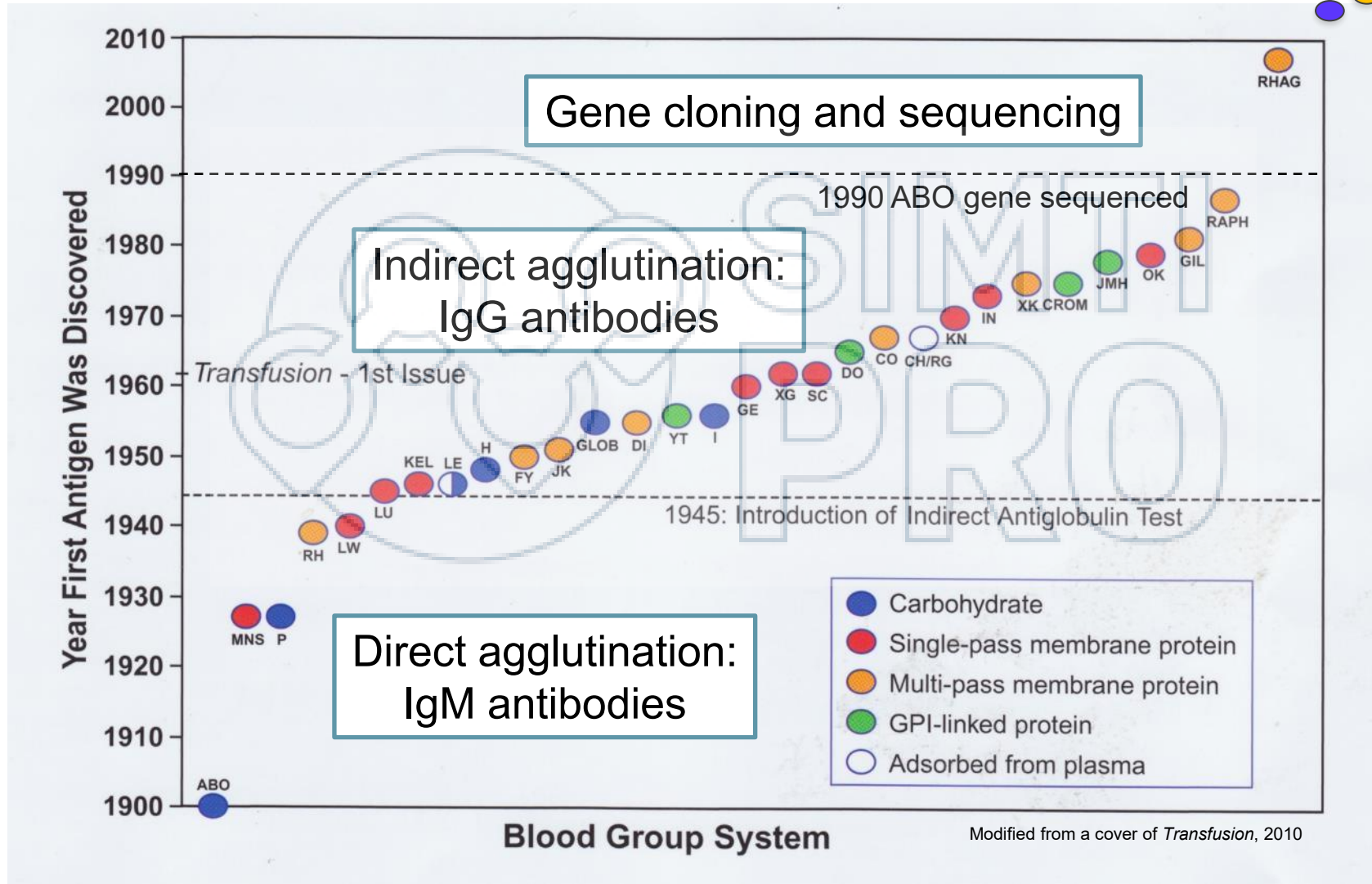
Currently recognized RBC blood group systems and antigens (WP meeting Milan 2025-05-31)



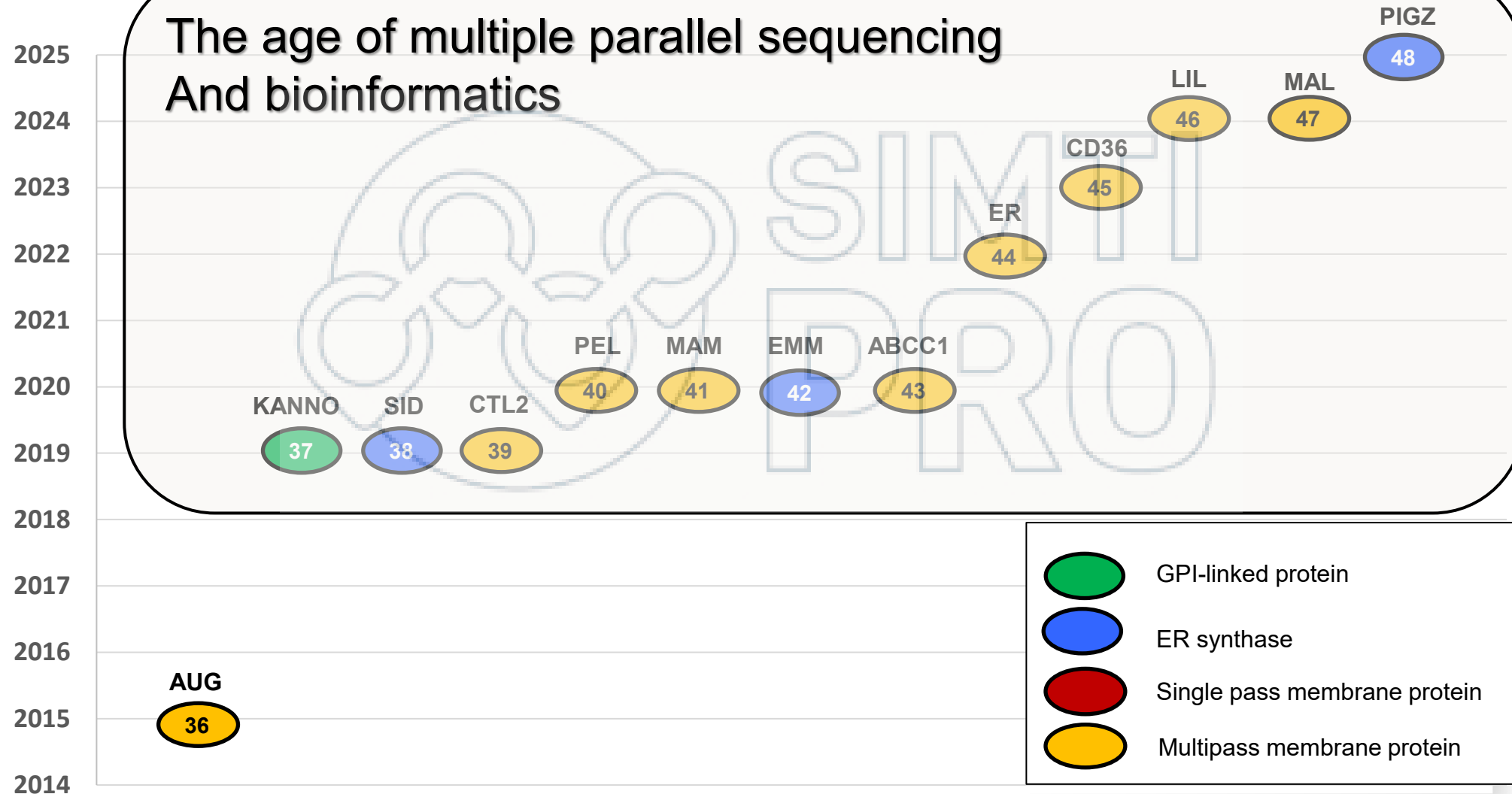
Blood group system discovery is technique-dependent: 1900-2014

SNP arrays; WGS, WES

FORS JR LAN VEL CD59



Blood group system discovery 2015-2025



Bioinformatic blood group discovery as a tool in understanding cell biology

PA22-L04 | A null homozygous mutation in *PIGZ* leading to a free glycosylphosphatidylinositol (GPI) deficiency causes a novel rare blood phenotype and mild intellectual disability

R Duval^{1,2,3}, Y Murakami⁴, B Koehl^{1,2,5}, G Nicolas¹, D Vainqueur^{1,2,6},
JC Gelly¹, T Kinoshita⁴, T Peyrard^{1,2,3}, S Azouzi^{1,2,3}

¹BIGR, Université Paris Cité and Université des Antilles, INSERM,

²Laboratory of Blood group antigens, Hematopoiesis and Sickle cell disease, UMR_S1134, ³Centre National de Référence pour les Groupes Sanguins, Etablissement Français du Sang, Paris, France, ⁴Center for Infectious Disease Education and Research, Osaka, Japan, ⁵Hôpital Robert Debré, APHP, Paris, ⁶Immunohematology Laboratory, Etablissement Français du Sang, Pointe-à-Pitre, France



Case history

- 🔴 54 yo female patient of French Caribbean ancestry (Guadeloupe Island, French West Indies)
- 🔴 3 pregnancies:
 - 1st baby died aged 1, cause unknown
 - 2nd/3rd babies stillborn
- 🔴 Plasma reacted with all RBCs excluding her own
- 🔴 RBCs typed weakly Emm+

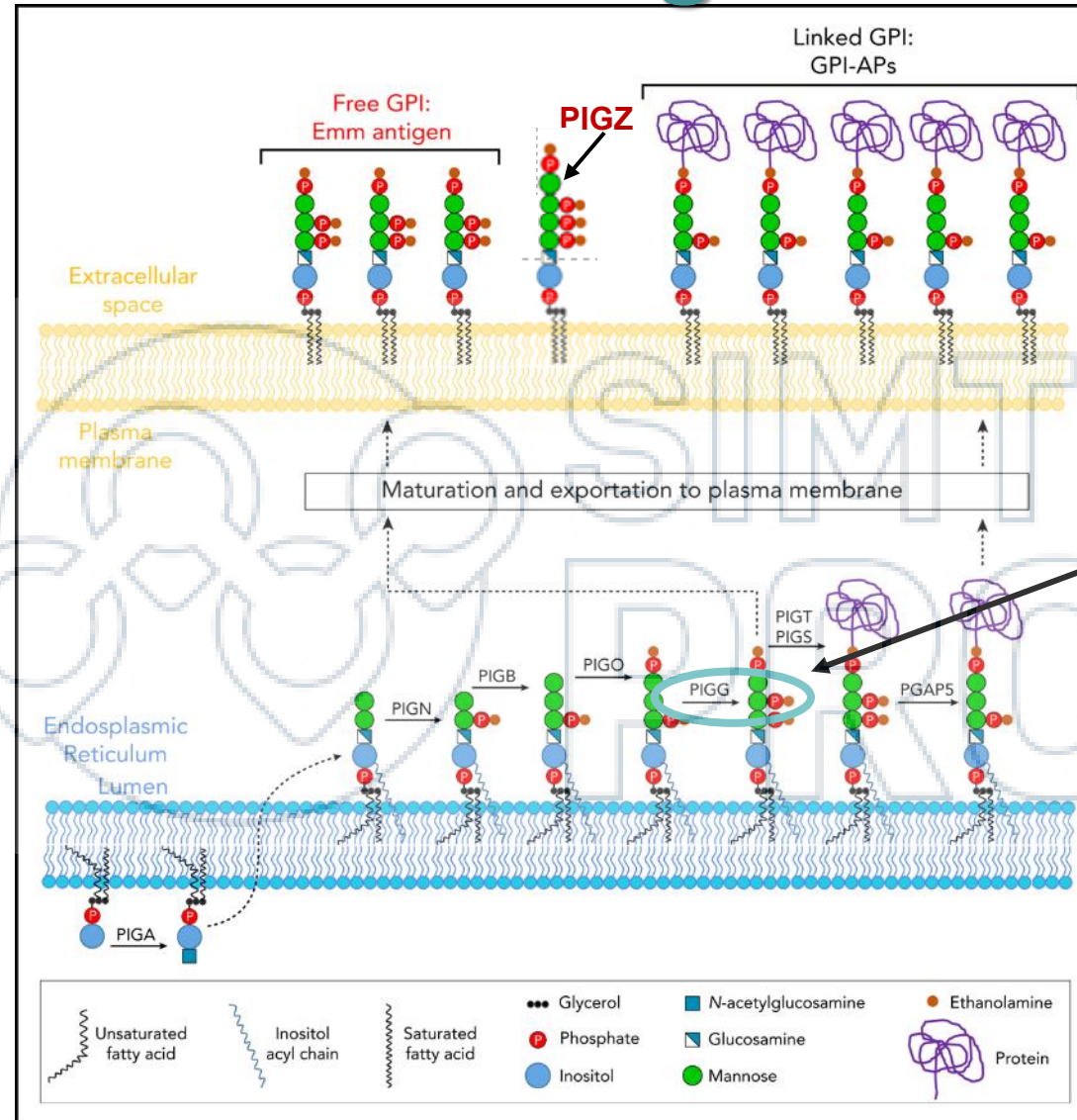
WES and Crispr-Cas9 approaches were used

- Homozygosity for rare variants found in 11 genes: *PIGZ* strongest candidate
- Confirmed by serial knockouts of all genes in the GPI synthesis pathway



Increased understanding of GPI synthesis

PIGZ enzyme builds another mannose and ethanolamine phosphate to free GPI → GWADA antigen



Emm antigen



LUNDS
UNIVERSITET

Duval R, Nicolas G, Willemetz A, Murakami Y, Mikdar M, Vrignaud C, Megahed H, Cartron JP, Masson C, Wehbi S, Koehl B, Hully M, Siquier K, Chemlay N, Rotig A, Lyonnet S, Colin Y, Barcia G, Cantagrel V, Le Van Kim C, Hermine O, Kinoshita T, Peyrard T, Azouzi S. Inherited glycosylphosphatidylinositol defects cause the rare Emm-negative blood phenotype and developmental disorders. *Blood*. 2021;137(26):3660-3669.



Defects in the GPI pathway are associated with intellectual disabilities

- Pathological mutations described in 16 genes, including *PIGG*, and now *PIGZ*
- Also associated with phenotypic facial features and seizures
- $PIGZ_{null}$ patient did not require transfusion but reported as the rarest blood group in the world
- The antigen is called GWADA after the patient's origin.



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Gwada-negative: the rarest blood group on Earth

Published: July 9, 2025 5.33pm SAST

Peter Porrini/Shutterstock.com



In a routine blood test that turned extraordinary, French scientists have identified the world's newest and rarest blood group. The sole known carrier is a woman from Guadeloupe whose blood is so unique that doctors couldn't find a single compatible donor.



The discovery of the 48th recognised blood group, called “Gwada-negative”, began when the woman's blood plasma reacted against every potential donor sample tested, including those from her own siblings. Consequently, it was impossible to find a suitable blood donor for her.

Authors



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Medical Director of the Nordic Reference Laboratory for Blood Group Genomics, Region Skåne & Professor of Transfusion Medicine, Head of the Division, Lund University




Jill Storry

Adjunct Professor, Division of Transfusion Medicine, Lund University

Disclosure statement

Martin L. Olsson is a Wallenberg Clinical Scholar who receives



Expanded use of genotyping tools – how can these techniques improve immunohematology?

Uses of genotyping

Patients (traditional)

- Positive DAT
- Transfusion <3 months
- Prophylactic matching for hematology patients, e.g. SCD, thalassemias, MDS, AIHA, Mab therapies
- *In utero* prediction of blood type, e.g. RhD from cffDNA

Donors (personalized)

- Broad blood group antigen profile
 - Reduced requirements for frozen blood banks
- Health markers
- Disease risk markers
- Blood storage markers
- Evaluation of transfusion outcome

Uses of genotyping

Patients (traditional)

- Positive DAT
- Transfusion <3 months
- Prophylactic matching for hematology patients, e.g. SC, thalassemias, MDS, V, b therapies
- *In utero* p e.g. RhD fr

Relatively restricted (but important) applications

Donors (personalized)

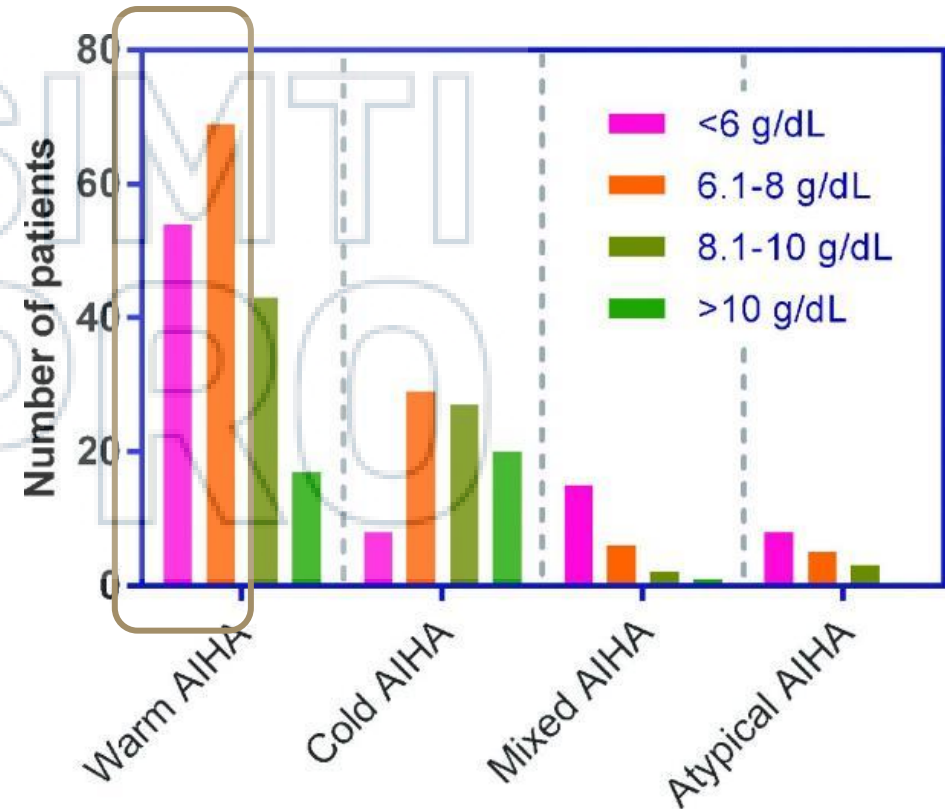
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Uses of genotyping

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- *In utero* prediction of blood type, e.g. RhD, Rhc, K, HPA-1a

Red blood cell transfusion for hematologic disorders



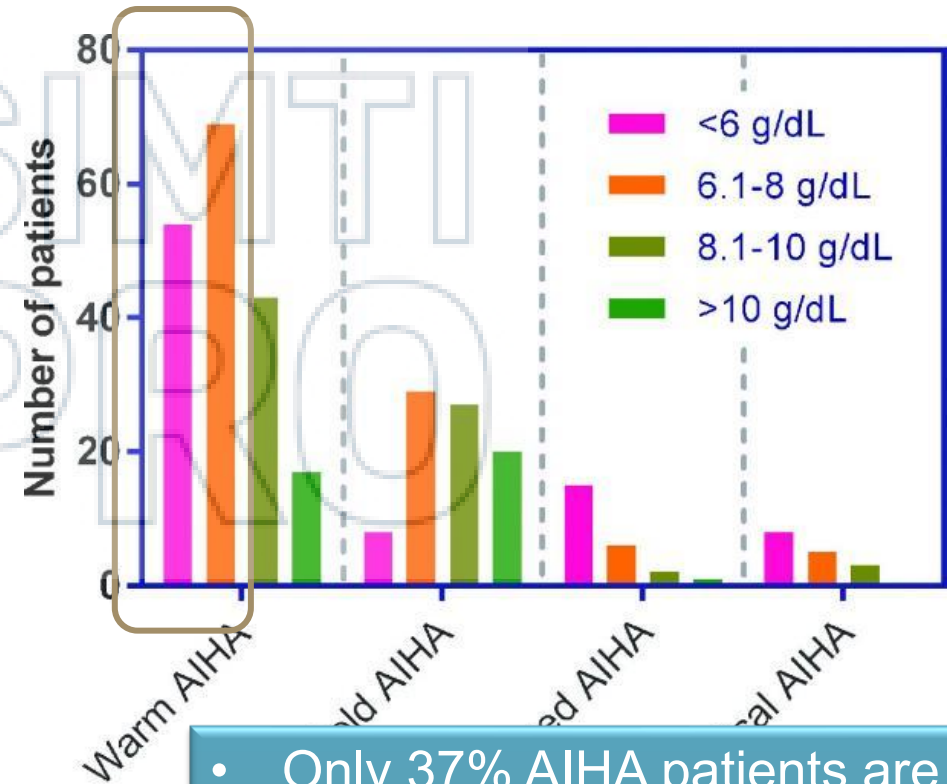
Liu C, Grossman, BJ. Red blood cell transfusion for hematologic disorders. ASH 2015, Figure 2.

Uses of genotyping

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- *In utero* prediction of blood type, e.g. RhD, Rhc, K, HPA-1a

Red blood cell transfusion for hematologic disorders



Liu C, Gross
hematologic

- Only 37% AIHA patients are transfused
- Poor overall response
- 15-40% produce alloantibodies

International Society of Blood Tra x blood donor and genotyping - Se x +

https://pubmed.ncbi.nlm.nih.gov/?term=blood%20donor%20and%20genotyping

NIH National Library of Medicine National Center for Biotechnology Information Log in

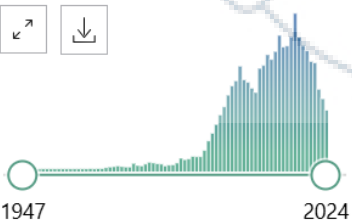
PubMed® blood donor and genotyping Search User Guide

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RESULTS BY YEAR



TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

Development and validation of a universal **blood donor genotyping** platform: a multinational prospective study.

1

Cite Gleadall NS, Veldhuisen B, Gollub J, Butterworth AS, Ord J, Penkett CJ, Timmer TC, Sauer CM, van der Bolt N, Brown C, Brugger K, Dilthey AT, Duarte D, Grimsley S, van den Hurk K, Jongerius JM, Luken J, Megy K, Mifflin G, Nelson CS, Prinsze FJ, Sambrook J, Simeoni I, Sweeting M, Thornton N, Trompeter S, Tuna S, Varma R, Walker MR; NIHR BioResource; Danesh J, Roberts DJ, Ouwehand WH, Stirrups KE, Rendon A, Westhoff CM, Di Angelantonio E, van der Schoot CE, Astle WJ, Watkins NA, Lane WJ. Blood Adv. 2020 Aug 11;4(15):3495-3506. doi: 10.1182/bloodadvances.2020001894. PMID: 32750130 **Free PMC article.**

Share Dense **donor** typing allowed identification of 2 to 6 times more compatible **donors** to serve 3146 patients with multiple RBC alloantibodies, providing at least 1 match for 176 individuals for whom previously no **blood** could be found among the same **donors**. ...

Mass-scale red cell **genotyping** of **blood donors**: from data visualization to



blood donor and genotyping

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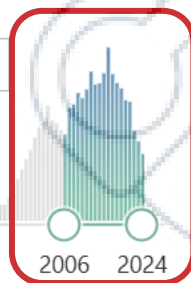
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RESULTS BY YEAR

Reset



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1
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Mass-scale red cell **genotyping** of **blood donors**: from data visualization to historical antigen labeling and **donor** recruitment.

2
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Denomme GA, Anani WQ. Transfusion. 2019 Sep;59(9):2768-2770. doi: 10.1111/trf.15419. Epub 2019 Jun 27.

PMID: 31246285 Review.

TEXT AVAILABILITY

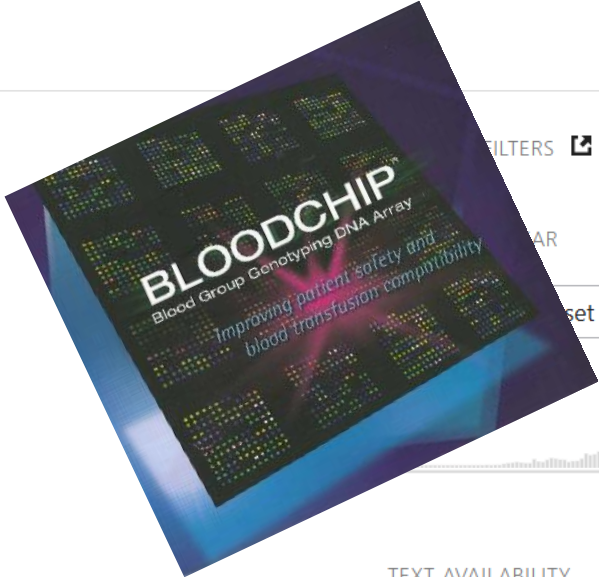
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ARTICLE ATTRIBUTE

- Associated data

ARTICLE TYPE

The future lies with genetic blood typing for blood donors



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[Development and validation of a universal **blood donor genotyping** platform: a multinational prospective study.](#)

Cite Gleadall NS, Veldhuisen B, Gollub J, Butterworth AS, Ord J, Penkett CJ, Timmer TC, Sauer CM, van der Bolt N, Brown C, Brugger K, Dilthey AT, Duarte D, Grimsley S, van den Hurk K, Jongerius JM, Luken J, Megy K, Mifflin G, Nelson CS, Prinsze FJ, Sambrook J, Simeoni I, Sweeting M, Thornton N, Trompeter S, Tuna S, Varma R, Walker MR; NIHR BioResource; Danesh J, Roberts DJ, Ouwehand WH, Stirrups KE, Rendon A, Westhoff CM, Di Angelantonio E, van der Schoot CE, Astle WJ, Watkins NA, Lane WJ.
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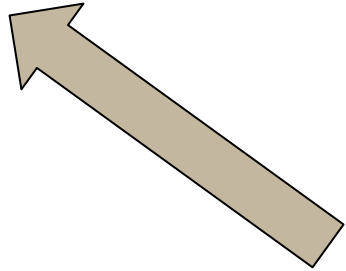
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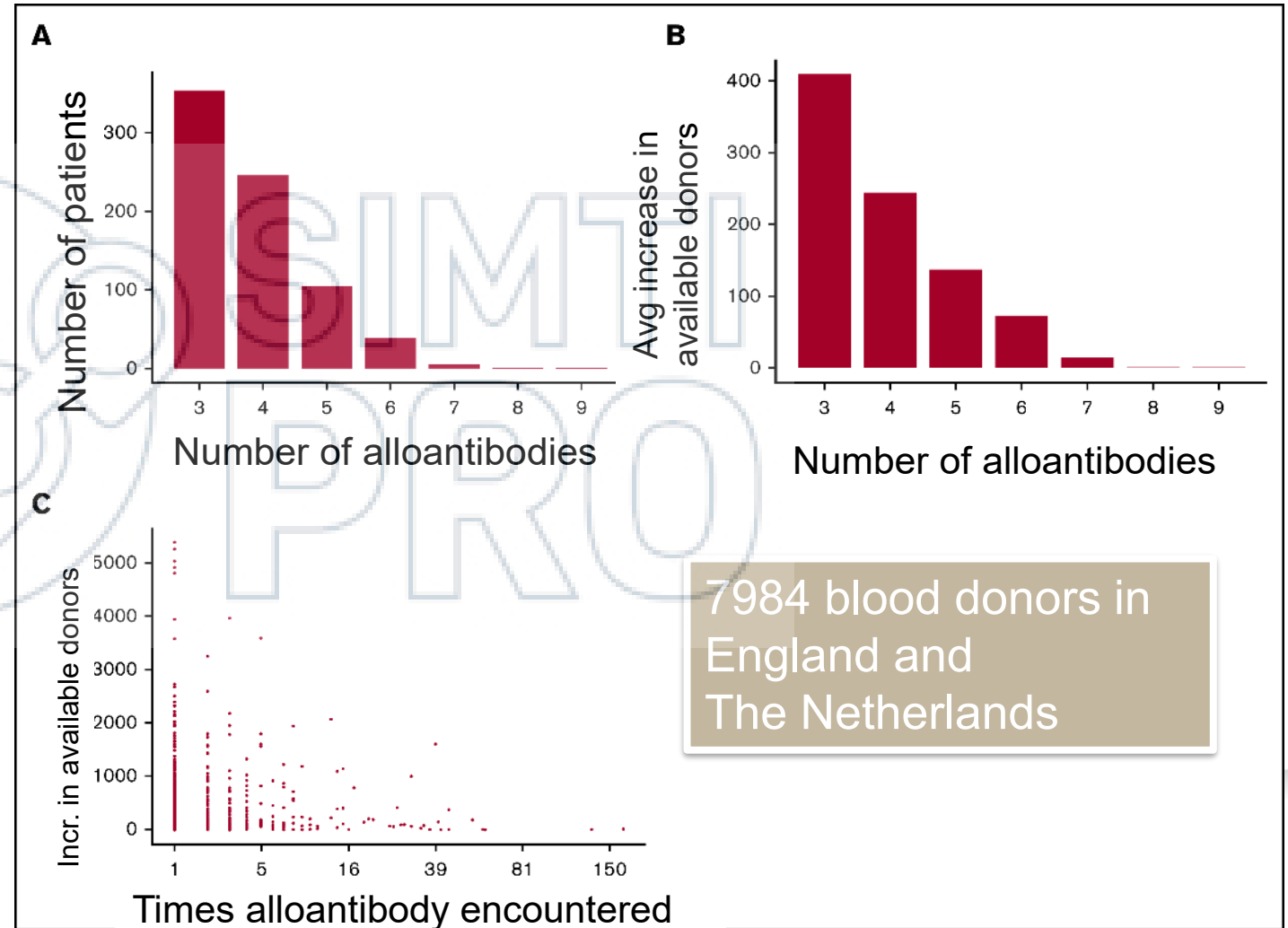


Development and validation of a universal blood donor genotyping platform: a multinational prospective study

Rapid identification of rare blood:
MDS patient with anti-E, -Co^a and -
Wr^a

→ Identified 5 active donors among
the 2692 Dutch donors

Gleadall NS, Veldhuisen B, Gollub J, et al. Development and validation of a universal blood donor genotyping platform: a multinational prospective study, *Blood Adv*, 2020, Figure 7.



Future of genotyping

- Multiple parallel sequencing technologies vs SNP arrays vs long read sequencing?
- MPS already introduced into routine HLA/transplantation laboratories
 - One highly complex locus
- Adapt the same technology for >50 blood group genes
- Both require:
 - Better bioinformatics
 - Greater data storage
 - Data protection



Blood transfusion Genomics Consortium (BGC)

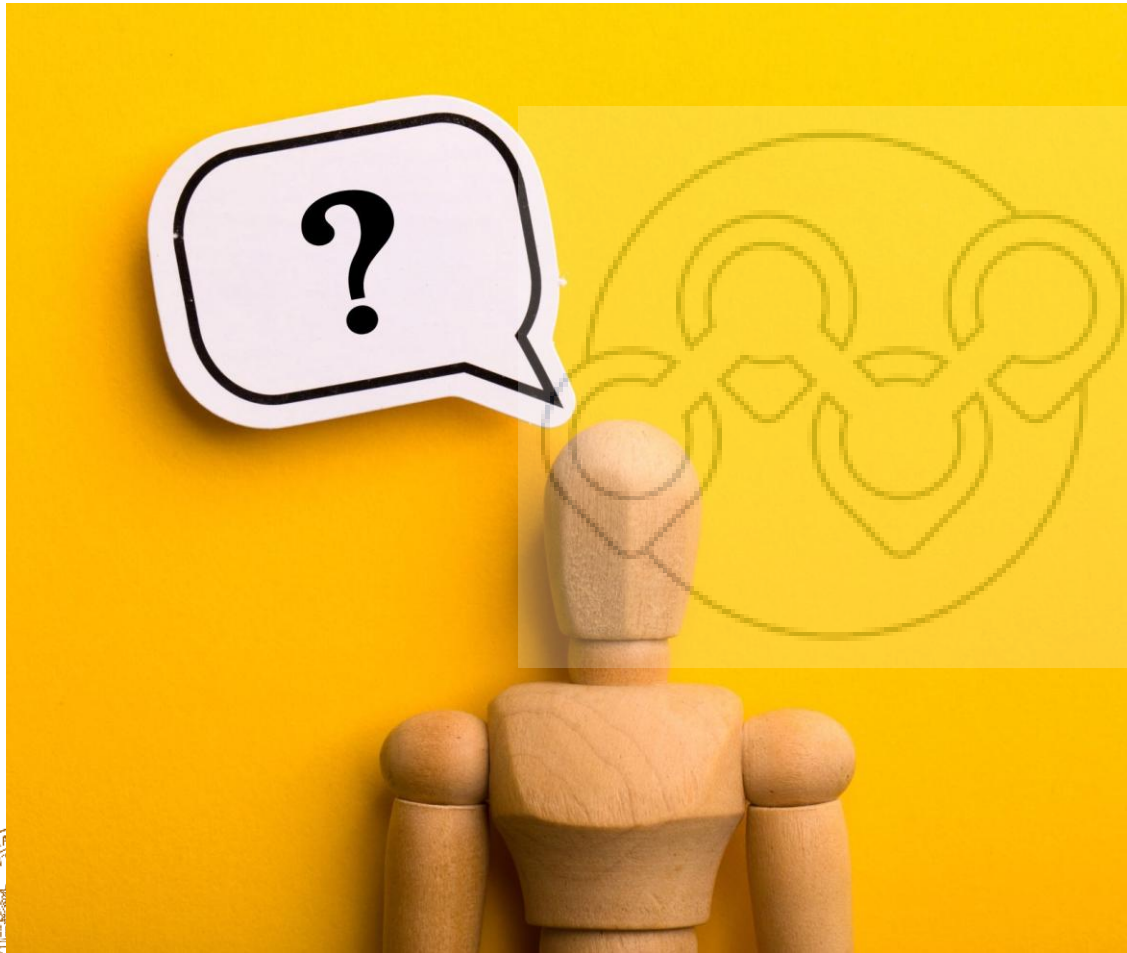
- International partnership between blood services, research institutions and industry leaders
- Aim is to improve the safety and efficiency of blood and platelet transfusion by introducing cutting-edge genomics technology into routine clinical practice
- Developed a high-throughput microarray that can provide an inexpensive genotype
- Under validation in large blood centers world-wide

<https://www.bgc.io>

The screenshot displays the BGC website's 'Our Members' page. At the top, the BGC logo is on the left, and navigation links for 'About', 'Events', 'Our Members', 'Research', and 'Join Us' are on the right. Below the header is a world map with red location pins indicating member sites. A large, semi-transparent watermark 'SIMTI PRO' is overlaid on the map. Below the map, a grid of logos for member organizations is shown, including:

- Cambridge University Hospitals NHS
- NHS Blood and Transplant
- Sanquin
- New York Blood Center
- BRIGHAM AND WOMEN'S HOSPITAL
- ThermoFisher SCIENTIFIC
- Australian Red Cross Lifeblood
- Canadian Blood Services
- Finnish Red Cross Blood Service
- SANBS
- BLUTSPENDE SRK ZÜRICH
- NHS University College London Hospitals NHS Foundation Trust
- NZBLOOD

How (and to whom) do we relay the information?



- Genotyping on patients' samples
- Labelling of blood bags
- Donor/RBC "health" information

Biggest challenge to speeding up implementation



Red Cell Immunogenetics and Blood Group Terminology

Welcome to the webpages of the ISBT Working Party for Red Cell Immunogenetics and Blood Group Terminology (RCI & BGT).

The ISBT Working Party (WP) Red Cell Immunogenetics and Blood Group Terminology maintains the official registry for all recognized blood group systems, and establishes standardized naming conventions for blood group systems, antigens and alleles used in transfusion medicine and related fields.

Since November 2025, all blood group allele data has been migrated to our new database system!

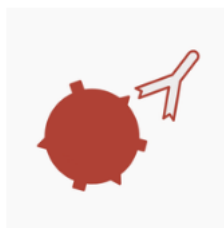
Our registry currently includes:



48 systems



56 Genes



398 Antigens



2,001 Alleles

In this section

Red Cell Immunogenetics and Blood Group Terminology

Members, Assignments and Activities

Blood Group Terminology

Criteria for the establishment of new systems and antigens

Archive

RCI & BGT Resources

ISBT blood group allele nomenclature

- Provided an international uniform platform for reporting genotypes (to clinicians)
 - Primarily useful when applying genotyping platforms that focus on antigen-specific SNPs
- Provided a numerical system and framework to add newly described alleles
- Restricted to variants that affect blood group phenotype
 - Silent variants not captured



New ISBT Database launched November 2025

Overview

Systems (48)

Antigens (398)

Other (7)

Q Search for a system...

ABO

ABO
001

MNS

MNS
002

P1PK

P1PK
003

RH

Rh
004

LU

Lutheran
005

KEL

Kell
006

LE

Lewis
007

FY

Duffy
008

JK

Kidd
009

DI

Diego
010

YT

Yt
011

XG

Xg
012

SC

Scianna
013

DO

Dombrock
014

CO

Colton
015

LW

Landsteiner-Wiener
016

CH_RG

Chido/Rodgers
017

H

H
018

XK

Kx
019

GE

Gerbich
020

CROM

Cromer
021

KN

Knops
022

IN

Indian
023

OK

Ok
024

ISBT Blood Group Database (<https://blooddatabase.isbtweb.org>)

ISBT Blood Group Database Updated: 1 May 2026

System Info Allele Table **Phenotype Table** Protein Table

Phenotype Allele K k Kp^a Kp^b Ku Js^a Js^b Uⁱ K11 K12 K13 K14 K16 K17 K18 K19 Km K_l

KEL:1,-2 or K+k-	KEL*01.01	+	-	-*	++	++	-*	++	-*	++	++	++	++	++	-*	++	++	++
KEL:1weak or K+ ^w	KEL*01.02	w	-	-*	++	++	-*	++	-*	++	++	++	++	++	-*	++	++	++
KEL:1weak,3 or K+ ^w , Kp(a+)	KEL*01.03	w	-	++	++	++	-*	++	-*	++	++	++	++	++	-*	++	++	++
KEL:2 or k+	KEL*02	-	+	-*	++	++	-*	++	-*	++	++	++	++	++	-*	++	++	++
KEL:2 or k+	KEL*02.02	-	+	-*	+	+	-	+	-	+	+	+	+	-	+	+	+	+
KEL:3,-4,-21 or Kp(a+b-c)	KEL*02.03	-	+	++	-*	++	-*	++	-*	++	++	++	++	++	-*	++	++	++
KEL:6,-7 or Js(a+b)	KEL*02.06	-	+	-*	++	++	+	-*	-*	++	++	++	++	++	-*	++	++	++
KEL:10 or U ⁱ (a+)	KEL*02.10	-	+	-*	++	++	-*	++	++	++	++	++	++	++	-*	++	++	++
KEL:-12	KEL*02.-12	-	+	-*	++	++	-*	++	-*	++	-*	++	++	++	-*	++	++	++
KEL:-14,-24	KEL*02.-14.1	-	+	-*	++	++	-*	++	-*	++	++	++	-*	++	-*	++	++	++
KEL:-14	KEL*02.-14.2	-	+	-*	++	++	-*	++	-*	++	++	++	-*	++	-*	++	++	++
KEL:-11,17	KEL*02.17	-	+	-*	++	++	-*	++	-*	++	++	++	++	++	++	++	++	++
KEL:-18	KEL*02.-18.1	-	+	-*	++	++	-*	++	-*	++	++	++	++	++	-*	-*	++	++

Replaces old tables for blood group antigens and alleles
New alleles will be uploaded in real time



Back to the future - revisiting ABO

nature microbiology

Article <https://doi.org/10.1038/s41564-024-01663-4>

Akkermansia muciniphila exoglycosidases target extended blood group antigens to generate ABO-universal blood

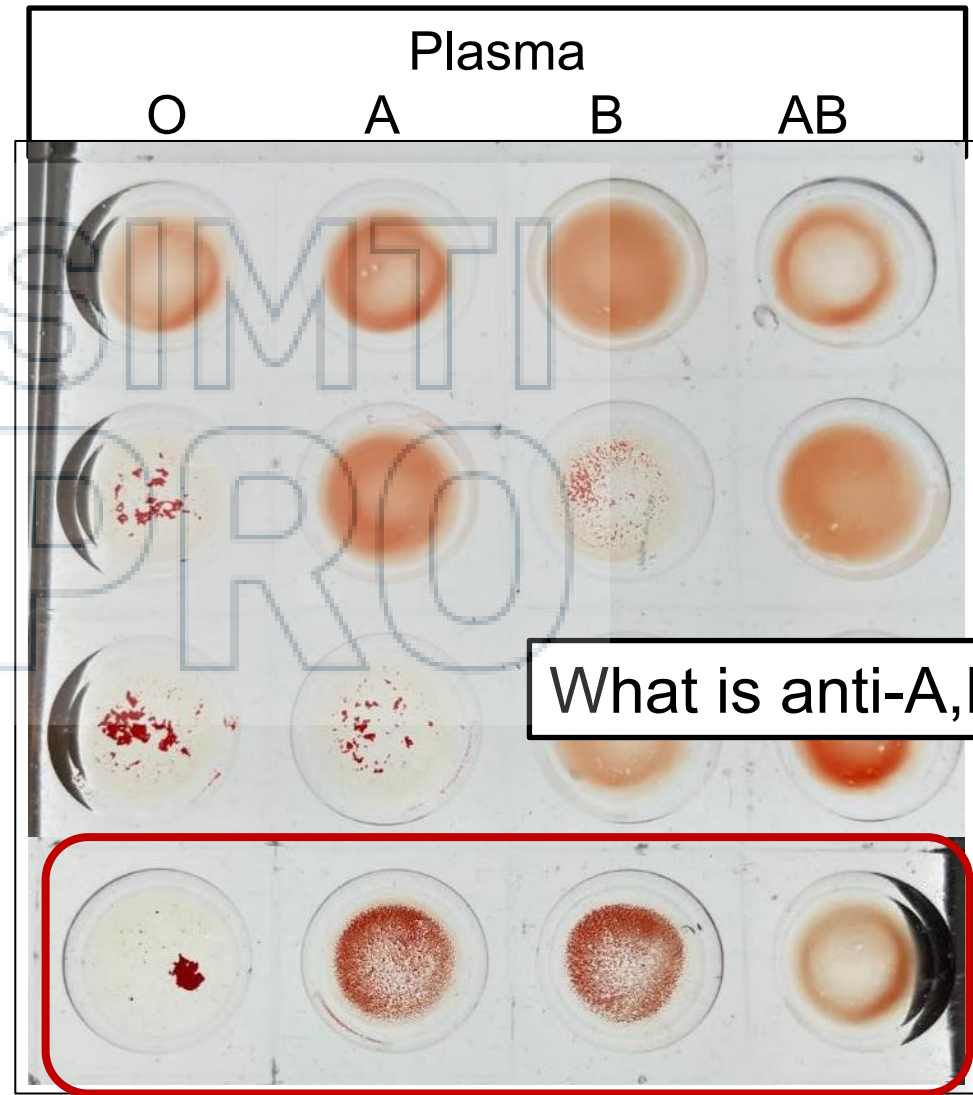
Received: 26 July 2023
 Accepted: 4 March 2024
 Published online: 29 April 2024

Check for updates

Mathias Jensen^{1,4}, Linn Stenfelt^{1,2,4}, Jennifer Ricci Hagman^{2,3}, Michael Jakob Pichler¹, Julia Weikum¹, Tine Sofie Nielsen¹, Annika Hult³, Jens Preben Morth¹, Martin L. Olsson^{2,3,5} & Maher Abou Hachem^{1,5}✉

Matching donor and recipient blood groups based on red blood cell (RBC) surface ABO glycans and antibodies in plasma is crucial to avoid potentially fatal reactions during transfusions. Enzymatic conversion of RBC glycans to the universal group O is an attractive solution to simplify blood logistics and prevent ABO-mismatched transfusions. The gut symbiont *Akkermansia muciniphila* can degrade mucin O-glycans including ABO epitopes. Here we biochemically evaluated 23 *Akkermansia* glycosyl hydrolases and identified exoglycosidase combinations which efficiently transformed both A and B antigens and four of their carbohydrate extensions. Enzymatic removal of canonical and extended ABO antigens on RBCs significantly improved compatibility with group O plasmas, compared to conversion of A or B antigens alone. Finally, structural analyses of two B-converting enzymes identified a previously unknown putative carbohydrate-binding module. This study demonstrates the potential utility of mucin-degrading gut bacteria as valuable sources of enzymes for production of universal blood for transfusions.

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What is anti-A,B?



Back to the future - revisiting ABO

nature microbiology

Article <https://doi.org/10.1038/s41564-024-01663-4>

Akkermansia muciniphila exoglycosidases target *Salmonella* flagella in the gut

Received: 8 October 2025 | Revised: 19 February 2026 | Accepted: 4 March 2026
DOI: 10.1111/nm.70175

ORIGINAL RESEARCH

Revealing and quantifying polyclonal anti-A, B specificity in ABO histo-blood groups

Stephen Henry¹ | Holly Perry² | Polina Obukhova³ | Tatiana Tyrtys³ | Ivan Ryzhov³ | Nicolai Bovin³ | Suvro Sankha Datta⁴

¹School of Engineering, Computer and Mathematical Sciences, Faculty of Design and Creative Technologies, Auckland University of Technology, Auckland, New Zealand
²Department of Medical Laboratory Science, University of Otago, Dunedin, New Zealand
³Shemyakin-Ovchinnikov Institute of Bioorganic Chemistry, Russian Academy of Sciences, Moscow, Russian Federation
⁴Department of Transfusion Medicine, Tata Medical Center, Kolkata, India

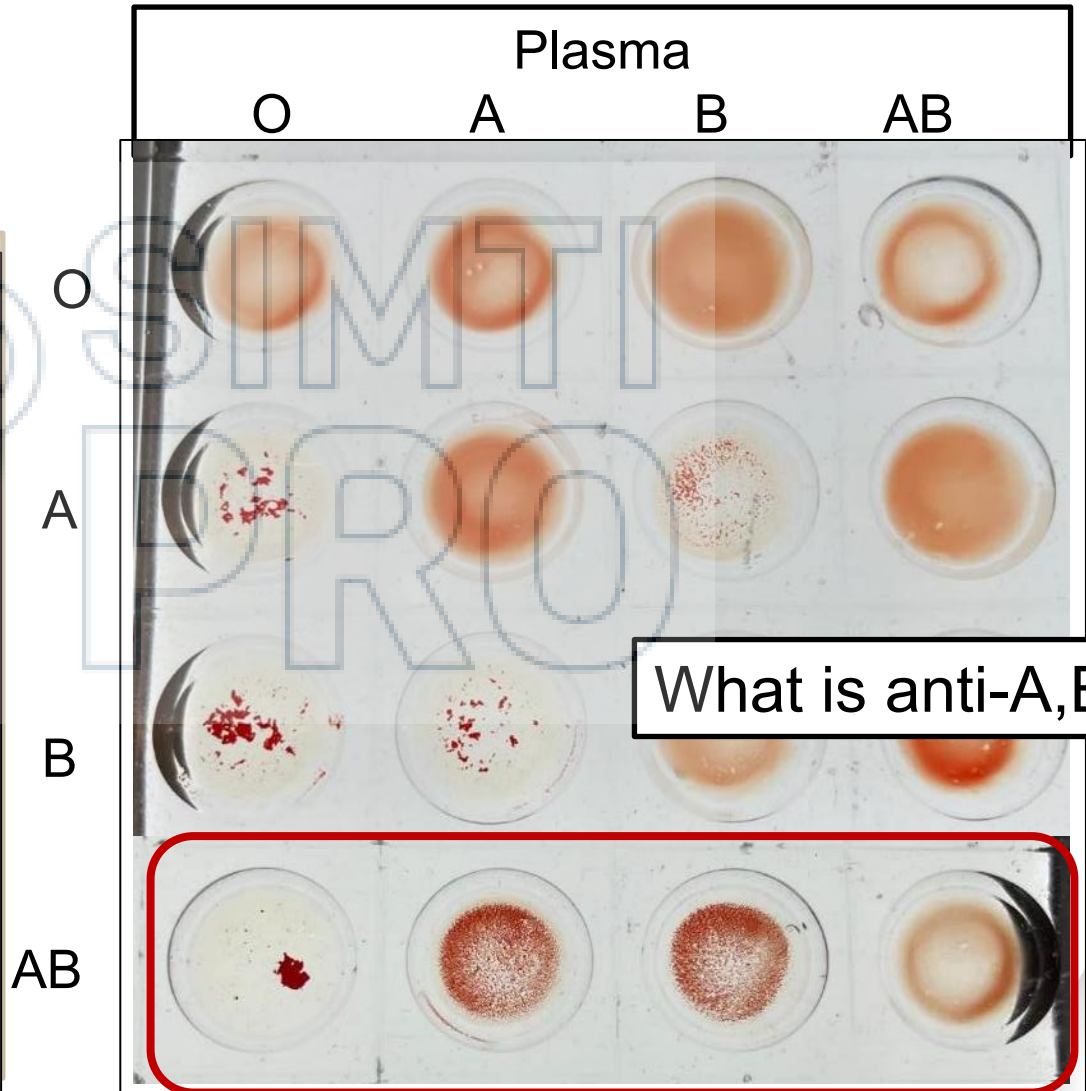
Received: 26 July 2025
Accepted: 4 March 2026
Published online: 29 April 2026

Check for updates

TRANSFUSION

Abstract
Background: The clinically significant antibody anti-A,B together with anti-A and anti-B has been known for many decades to be present in blood group O plasma. As anti-A,B is only reactive when an A or B antigen is present, its contribution to titer cannot be easily distinguished from anti-A and/or anti-B.
Study Design and Methods: Chemically synthesized AB epitope (ABep) was attached onto red cells creating ABep-kodeocytes; methodology was optimized and then used together with group A- and B-kodeocytes to semi-quantitative undiluted plasma samples of all ABO blood groups for anti-A, anti-B, and anti-A,B. Standard titers with plasma dilutions against natural A₁ and B cells were performed in parallel.
Results: ABep20-kodeocytes were able to semi-quantitate anti-A,B independently of anti-A and anti-B. Anti-A and anti-B levels were also able to be inferred by deduction of the anti-A,B contribution. There was a large range in the levels of anti-A,B in the group O samples, including in those determined to have high-titer ABO antibodies. Unexpectedly, some group A, B, and AB individuals were also found to have an anti-A,B-like antibody.
Discussion: Anti-A,B is a much more complex antibody than current understanding, and shows a range of activity over a large continuum, which includes in vitro detectable anti-A,B-like antibodies in non-group O samples. The ability to measure anti-A,B independently of anti-A and anti-B levels may be useful in evaluating clinical associations.

Correspondence
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What is anti-A,B?



What can ECO-RBCs tell us?

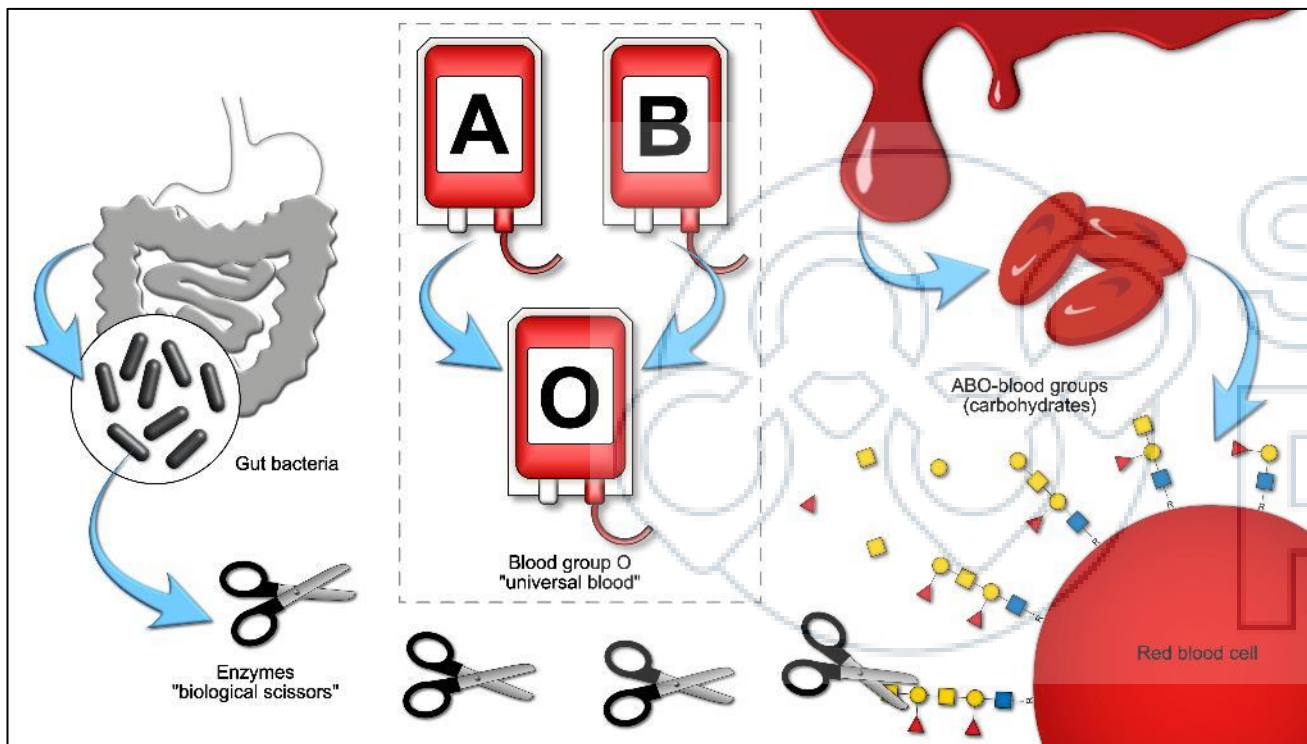
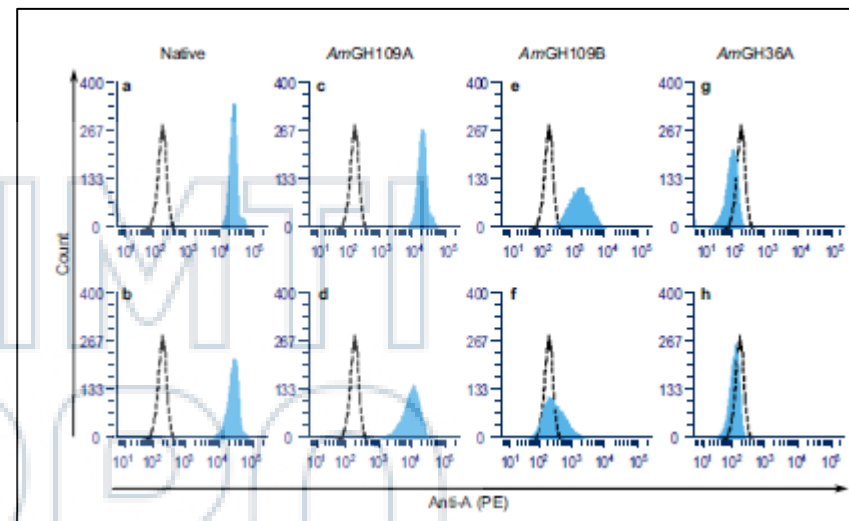


Illustration courtesy of Dr. Jennifer Ricci Hagman

Jensen M, Stenfelt L, Ricci Hagman J, Pichler MJ, Weikum J, Nielsen TS, Hult A, Morth JP, Olsson ML, Abou Hachem M. Akkermansia muciniphila exoglycosidases target extended blood group antigens to generate ABO-universal blood. Nat Microbiol. 2024 May;9(5):1176-1188. doi: 10.1038/s41564-024-01663-4.



ECO-treated group A RBCs are phenotypically group O...

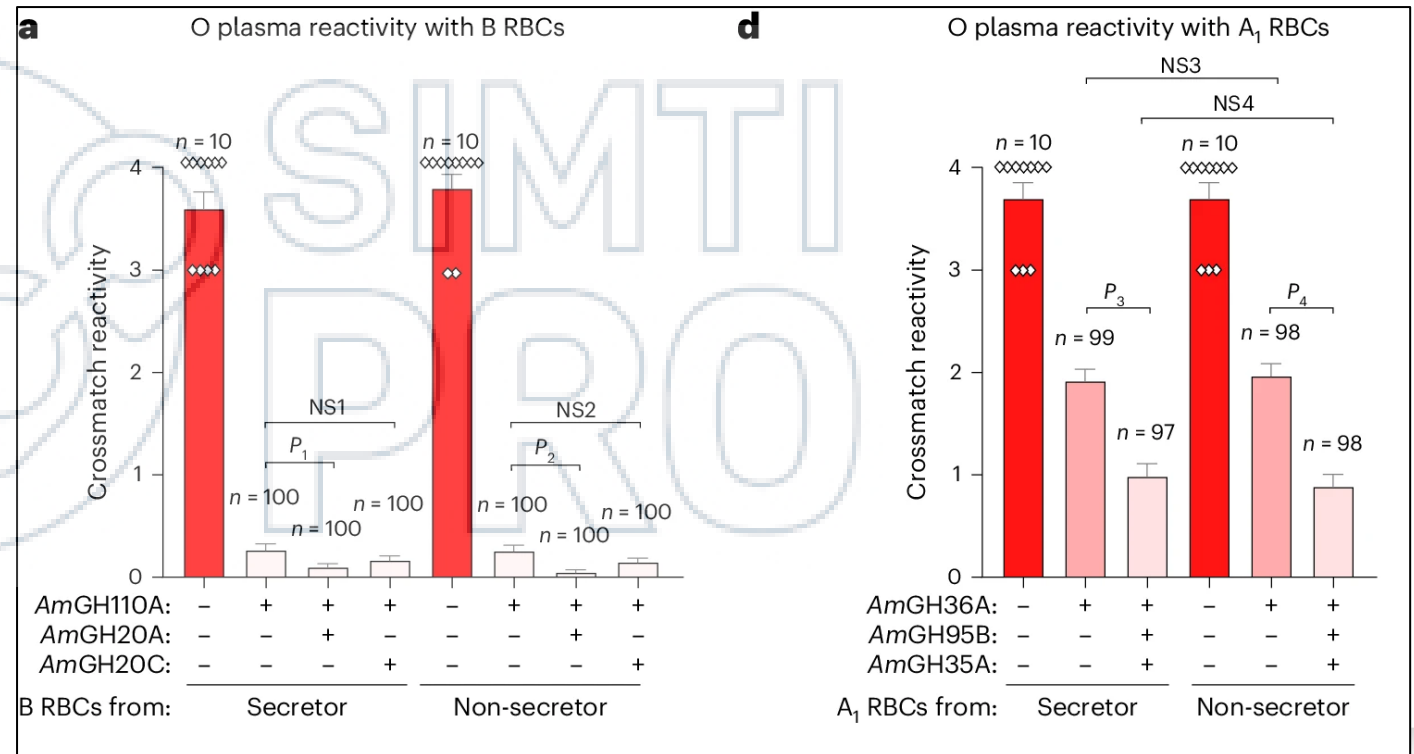
	Native										AmGH36A (1 μM)										AmGH36A (1 μM) + AmGH95B (20 nM) + AmGH35A (0.2 μM)											
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10		
a	3+	-	-	3+	2+	-	3+	-	3+	2+	2+	-	2+	(-)	(-)	1+	2+	-	3+	1+	2+	-	2+	(-)	(-)	1+	2+	-	3+	1+	2+	
b	3+	2+	3+	3+	-	3+	-	3+	2+	3+	(1+)	-	3+	1+	-	3+	(1+)	3+	-	3+	-	-	3+	1+	-	3+	(1+)	3+	-	3+	-	
c	4+	3+	3+	3+	1+	3+	-	3+	1+	3+	1+	2+	1+	2+	-	2+	-	3+	1+	3+	-	2+	1+	2+	-	2+	-	3+	1+	3+	-	
d	4+	1+	3+	2+	3+	3+	-	2+	3+	2+	3+	-	-	2+	(1+)	(1+)	-	(-)	-	1+	-	-	-	2+	(1+)	(1+)	-	(-)	-	1+	-	
e	4+	3+	3+	3+	3+	-	3+	2+	3+	3+	2+	3+	3+	(-)	1+	-	-	-	-	(1+)	2+	3+	3+	(-)	1+	-	-	-	-	(1+)	2+	
f	4+	2+	3+	1+	3+	1+	2+	1+	3+	3+	3+	-	(1+)	-	(1+)	(-)	2+	m	2+	3+	2+	-	(1+)	-	(1+)	(-)	2+	m	2+	3+	2+	
g	4+	1+	-	-	2+	1+	1+m	1+	3+	2+	1+	-	-	-	2+	-	-	m	(1+)	-	1+	1+	-	-	-	2+	-	-	m	(1+)	-	1+
h	4+	3+	2+	3+	(1+)	2+	-	1+	3+	3+	-	2+	-	3+	-	-	1+	1+	3+	-	m	2+	-	3+	-	-	1+	1+	3+	-	m	
i	3+	-	2+	2+	3+	-	3+	3+	3+	1+	(1+)	-	-	1+	-	-	3+	-	4+	-	-	-	-	1+	-	-	3+	-	4+	-	-	
j	4+	-	(1+)	3+	2+	1+	2+	3+	3+	3+	2+	-	-	2+	-	-	-	-	3+	3+	(-)	-	-	2+	-	-	-	-	3+	3+	(-)	

...yet are crossmatch-positive with >50 % group O plasma!

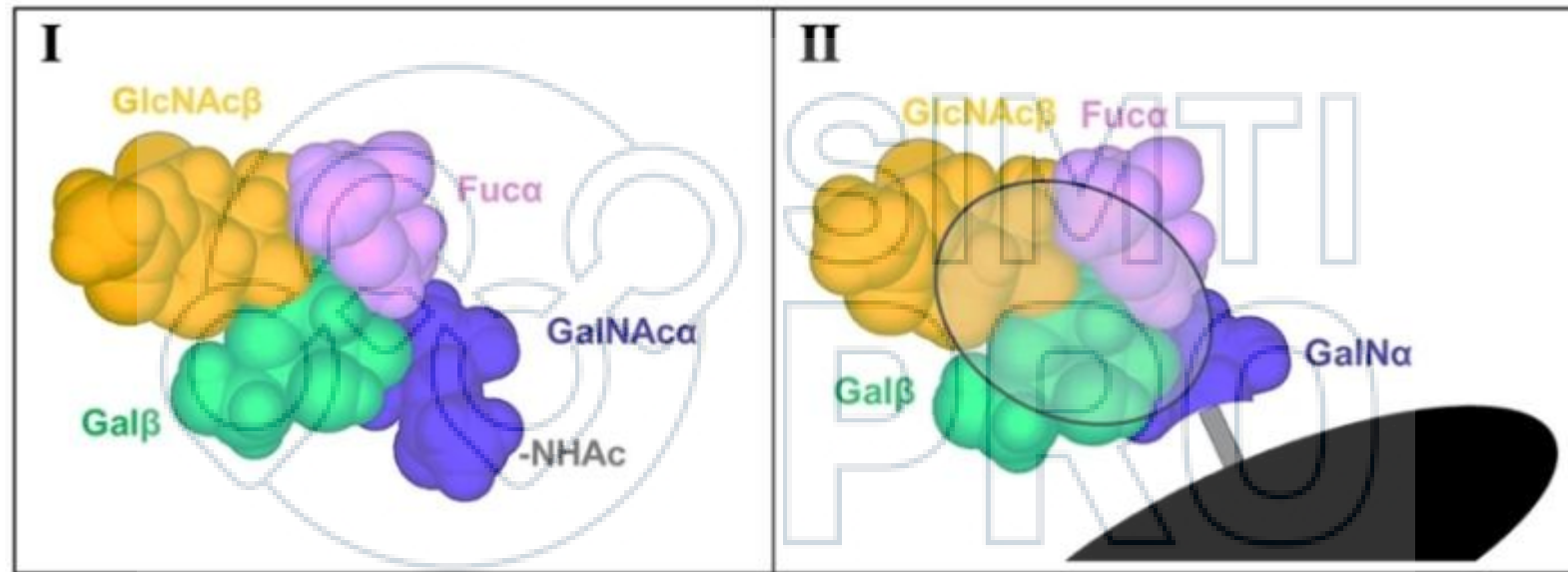


What can ECO-RBCs tell us?

Differential digestion with a cocktail of enzymes reveals extended structures such as A type 3 and ExtB, and there are others:
 ...under extensive investigation with different cocktails of gut enzymes



Anti-A,B is an epitope shared by the A and B antigen structures



Henry S, Perry H, Obukhova P, Tyrtysch T, Ryzhov I, Bovin N, Datta SS. Revealing and quantifying polyclonal anti-A, B specificity in ABO histo-blood groups. *Transfusion*. 2026 May;66(5):965-975.



Mapping specificity with synthetic A/B antigens inserted into group O RBCs

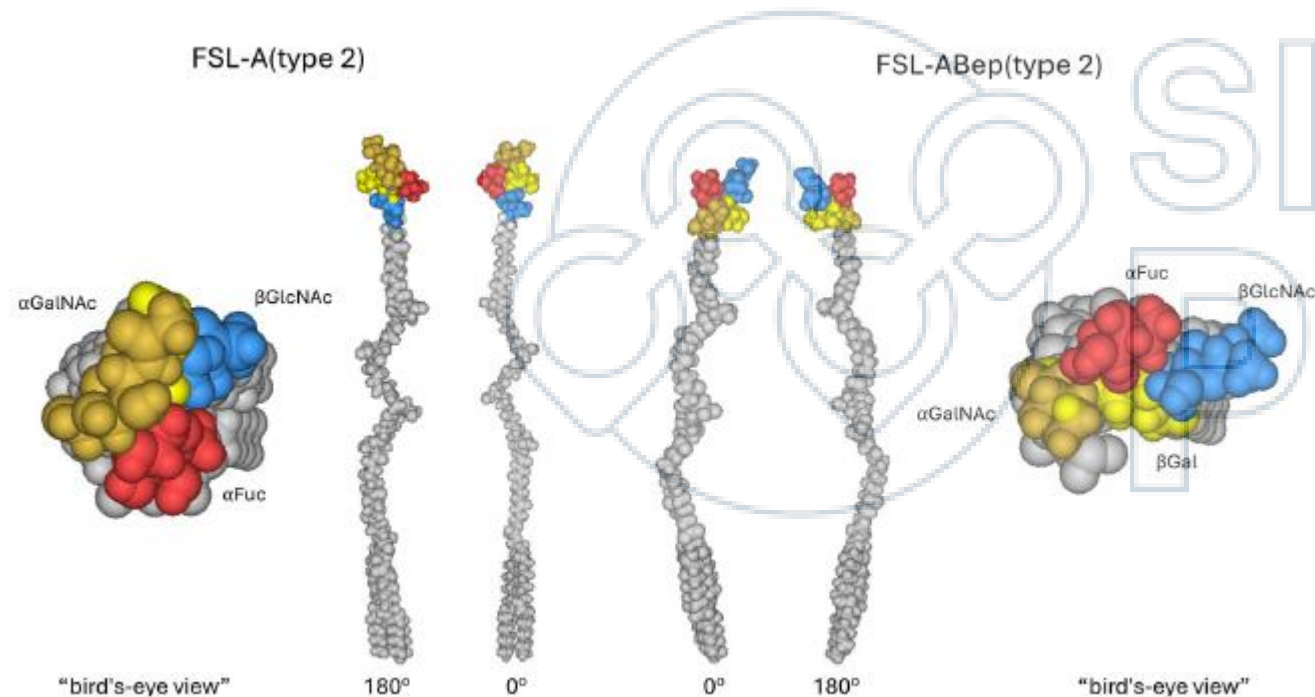


TABLE 2 Frequency of ABep20-kodecye reactivity within different ABO blood groups.

Blood group	n	ABep20 reactivity ^a	n	%
O	82	0	8	9.8
		w	5	6.1
		+	6	7.3
		++	40	48.8
		+++	18	22.0
		++++	5	6.1
A	132	0	127	96.2
		Pos	5	3.8
B	182	0	173	95.1
		Pos	9	4.9
AB	50	0	45	90.0
		Pos	5	10.0

^aABep20-kodecye reactivity grades for blood group O are recorded as w to +++ grades as in Table 1. Positive reaction grades are simply reported as Pos (positive) for all other blood types and are typically 2+.



Henry S, Perry H, Obukhova P, Tyrtysch T, Ryzhov I, Bovin N, Datta SS. Revealing and quantifying polyclonal anti-A, B specificity in ABO histo-blood groups. *Transfusion*. 2026 May;66(5):965-975.

What's new in Immunohematology

- 🔴 Serological incompatibility still drives discovery but ”-omics” techniques solve the problem
- 🔴 Technological advances help us to improve patient safety by Identifying better matched blood
 - Reduce the need for rare blood banks
 - Identifying storage markers in blood donors
- 🔴 Gut feelings – teaching us more about ABO





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Division of Transfusion Medicine
Department of Laboratory Medicine

The Blood Group @ LU

Our research aims to uncover new roles of the **red blood cell** surface in health and disease, with a special focus on the polymorphic molecules known as **blood groups**.



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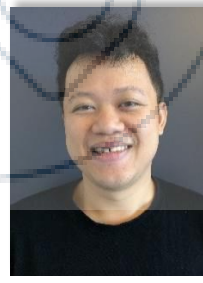
Abdul Ghani Alattar
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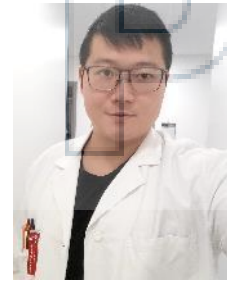
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Deputy group leader



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laboratory coordinator



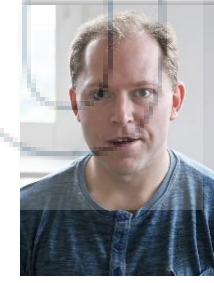
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Our work is funded by:





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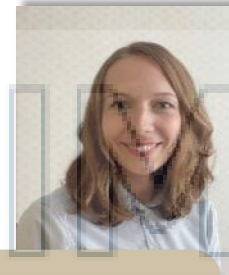
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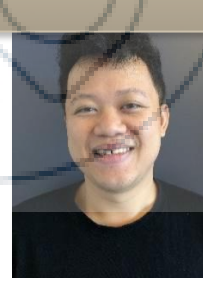
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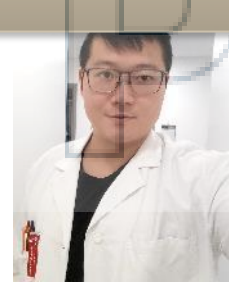
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PhD., post-doc

Grazie!



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