



**I. Announcements** No lab today! Break for exam week!  
Next R Blood Chemistry. Thanks sincerely for helping us optimize safety by reading  $\geq 2x$  Lab 5, LM pp 5-1 thru 5-6.

**II. Blood Form & Function** LS ch 11, DC Module 5 pp 35-9

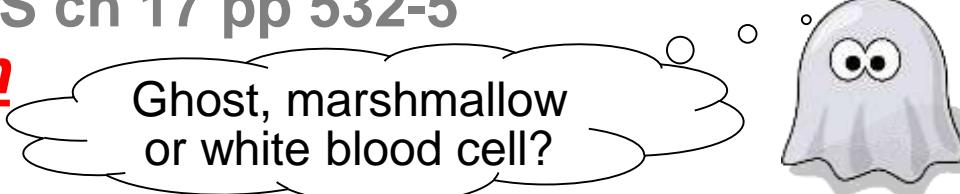
- A. Formed vs Nonformed/cells vs plasma LS fig + tab 11-1  
Cell origin - bone marrow. What's in plasma? LS p 297
- B. Red blood cells/erythrocytes: O<sub>2</sub> carrying LS p 299  
Normal flexible vs fragile sickle cell LS p 301
- C. White blood cells/leukocytes: defense/immunity differential + general functions LS pp 298, 309-12
- D. Platelets/thrombocytes: clotting LS pp 304-6 fig 11-6+7

**III. Blood Chemistry Lab: Basics** LM + LS ch 11 & 17

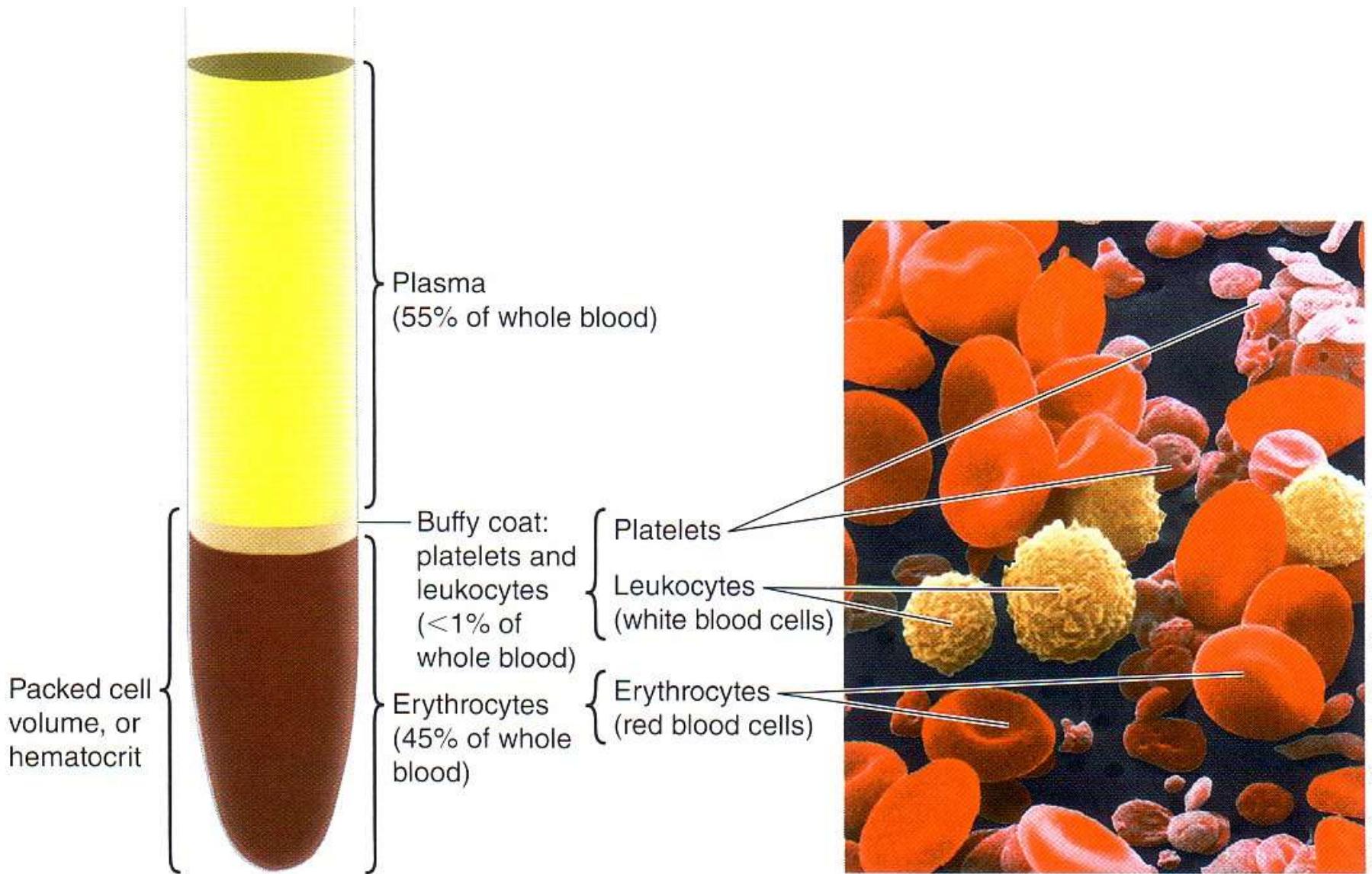
- A. What's blood typing? ABo System LS pp 302- 4  
Rhesus factor? Erythroblastosis fetalis? LS p 303-4
- B. What's blood glucose? Clinically healthy range?
- C. Diabetes + Treatment LS ch 17 pp 532-5

**IV. Exam Comments & Return**

Ghost, marshmallow or white blood cell?



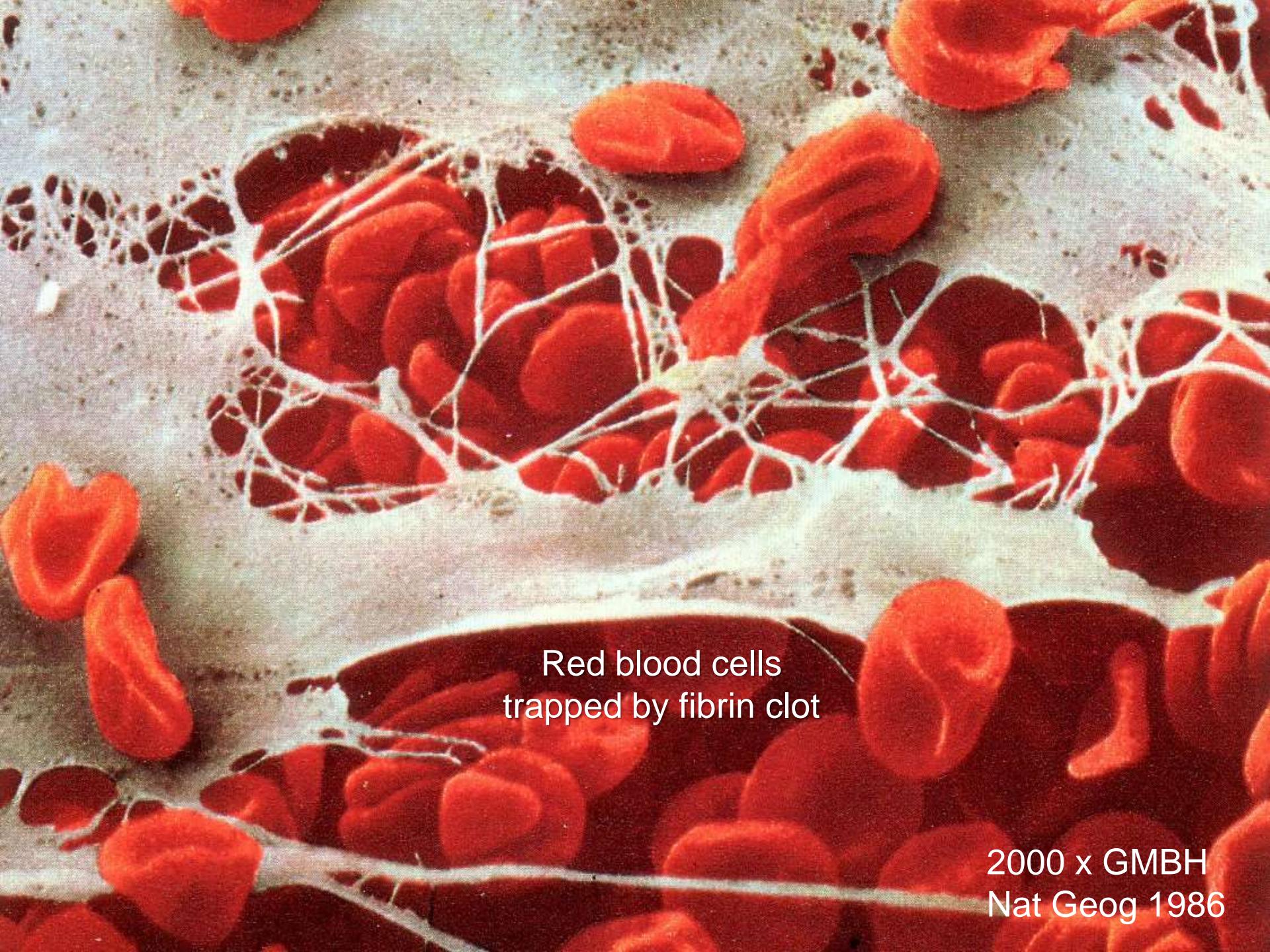
# *What's in Blood? Plasma & Blood Cells*



Red blood cells on  
hypodermic needle

$\sim 8\mu$

SI Fox

A scanning electron micrograph showing numerous bright red, biconcave disc-shaped red blood cells. A large, irregularly shaped mass of white, fibrous material, identified as a fibrin clot, is visible. The clot has a porous, honeycomb-like structure with many small openings through which individual red blood cells are trapped. Some cells are completely surrounded by the clot, while others are partially embedded or caught in its fibers.

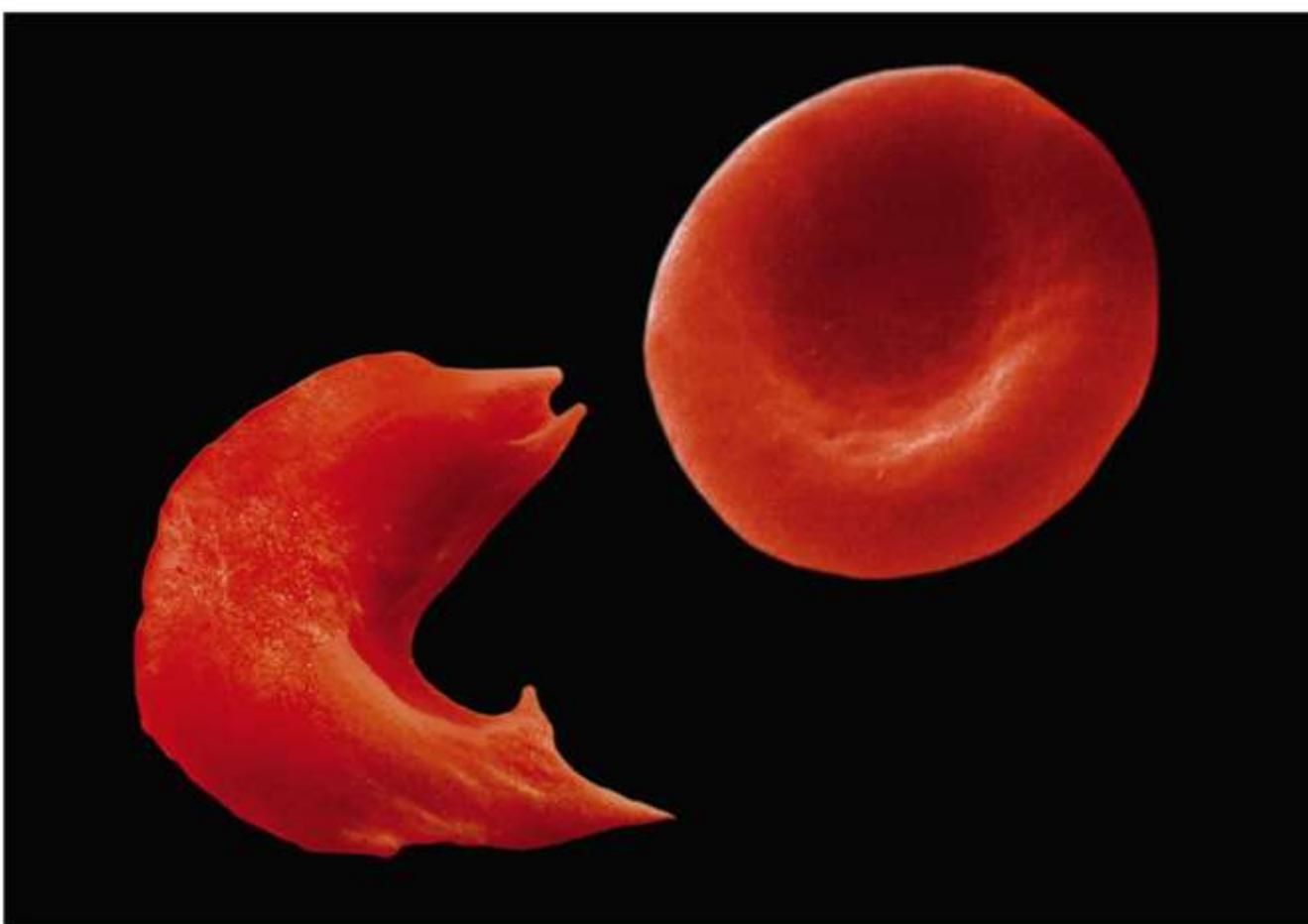
Red blood cells  
trapped by fibrin clot

2000 x GMBH  
Nat Geog 1986

Sickle-shaped blood cells

Normal red blood cells

© Dr. Stanley Flegler/Visuals Unlimited



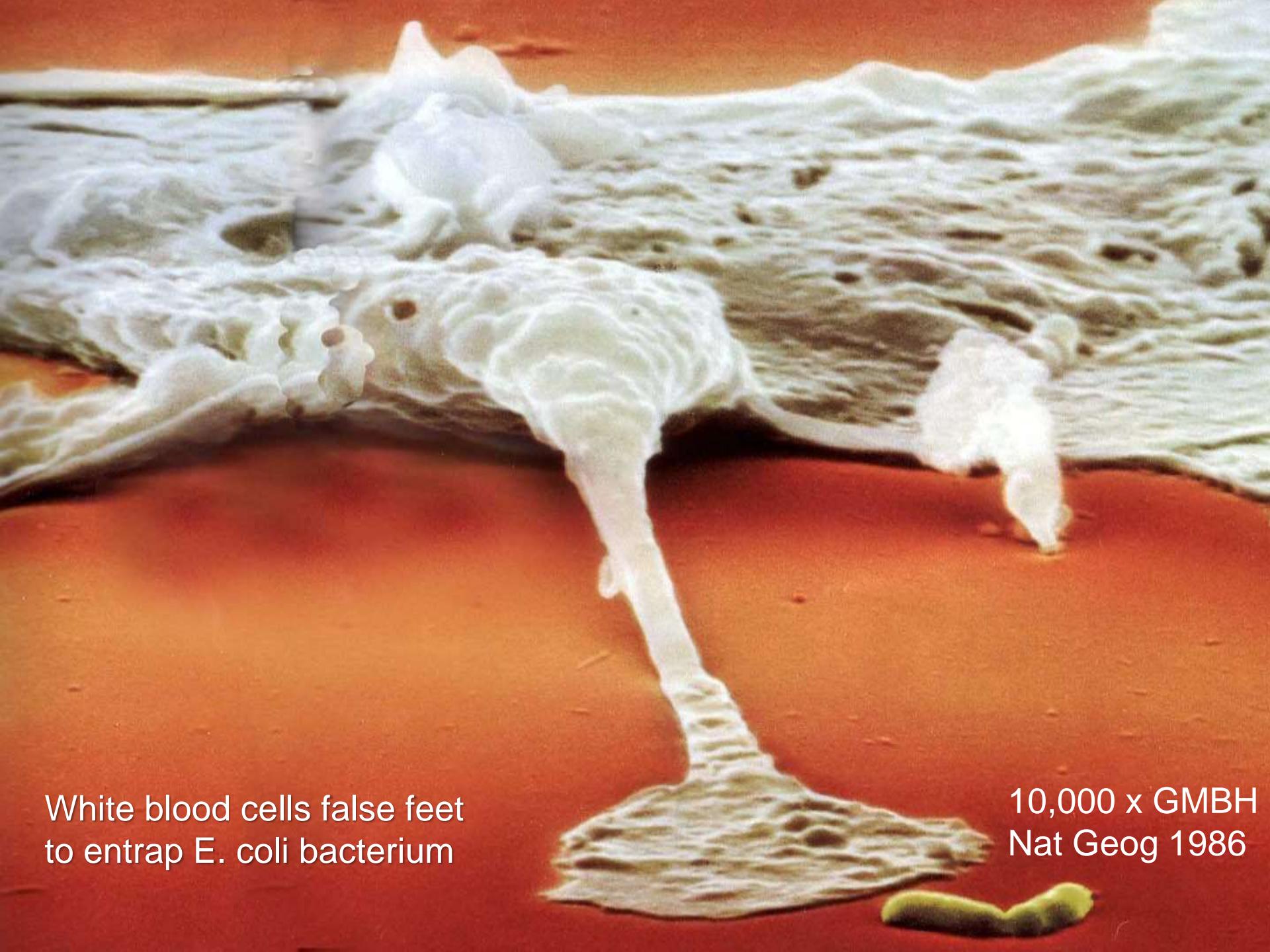
### What a difference one amino acid can make!

Amino acid sequence of normal hemoglobin:

Val – His – Leu – Thr – Pro – Glu – Glu

Amino acid sequence of sickle-cell hemoglobin:

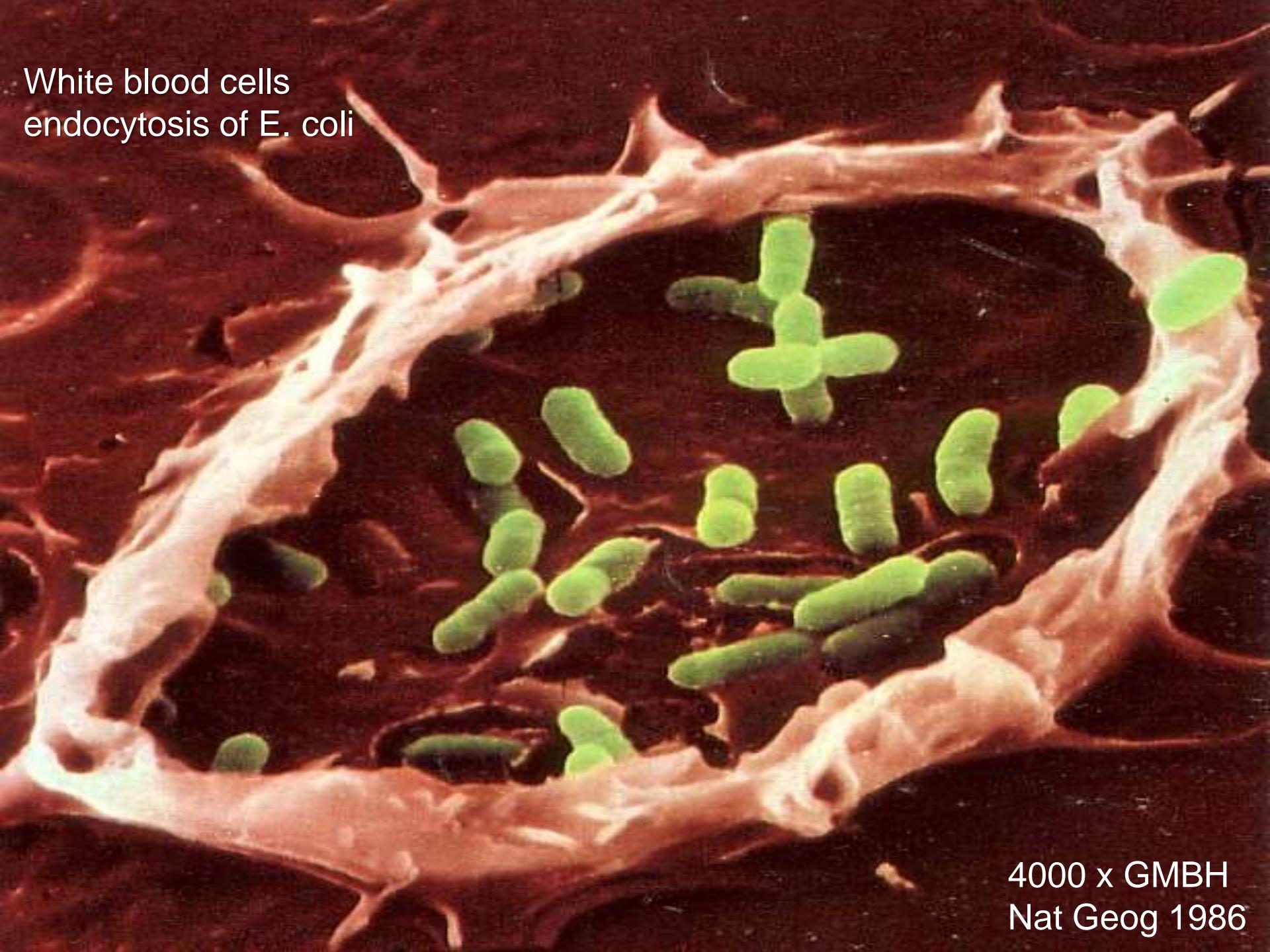
Val – His – Leu – Thr – Pro – Val – Glu



White blood cells false feet  
to entrap *E. coli* bacterium

10,000 x GMBH  
Nat Geog 1986

White blood cells  
endocytosis of E. coli



4000 x GMBH  
Nat Geog 1986

Endocytosis continued



7000 x GMBH  
Nat Geog 1986



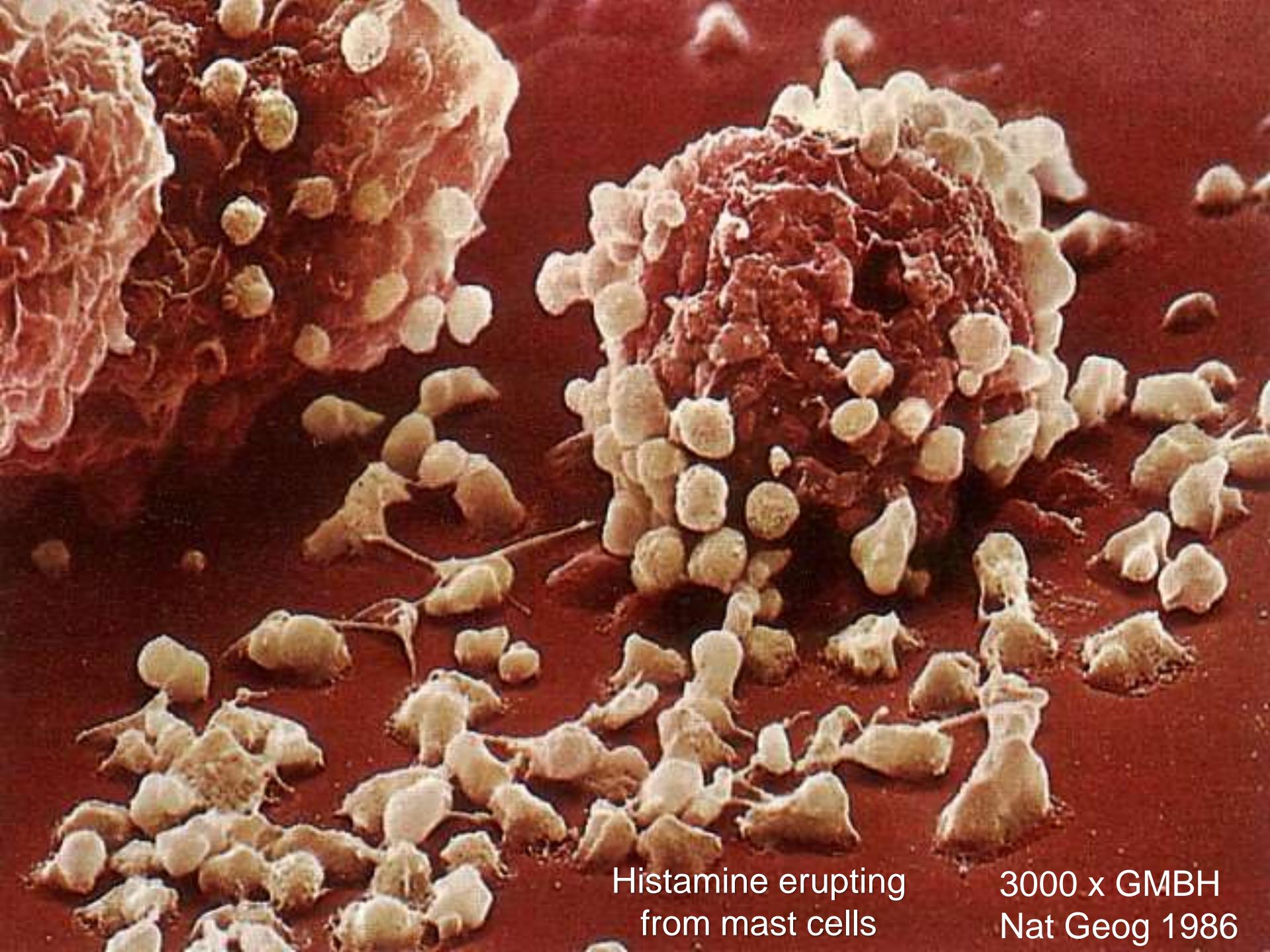
Pseudopods or false  
feet to ensnare *E. coli*

6000 x GMBH  
Nat Geog 1986



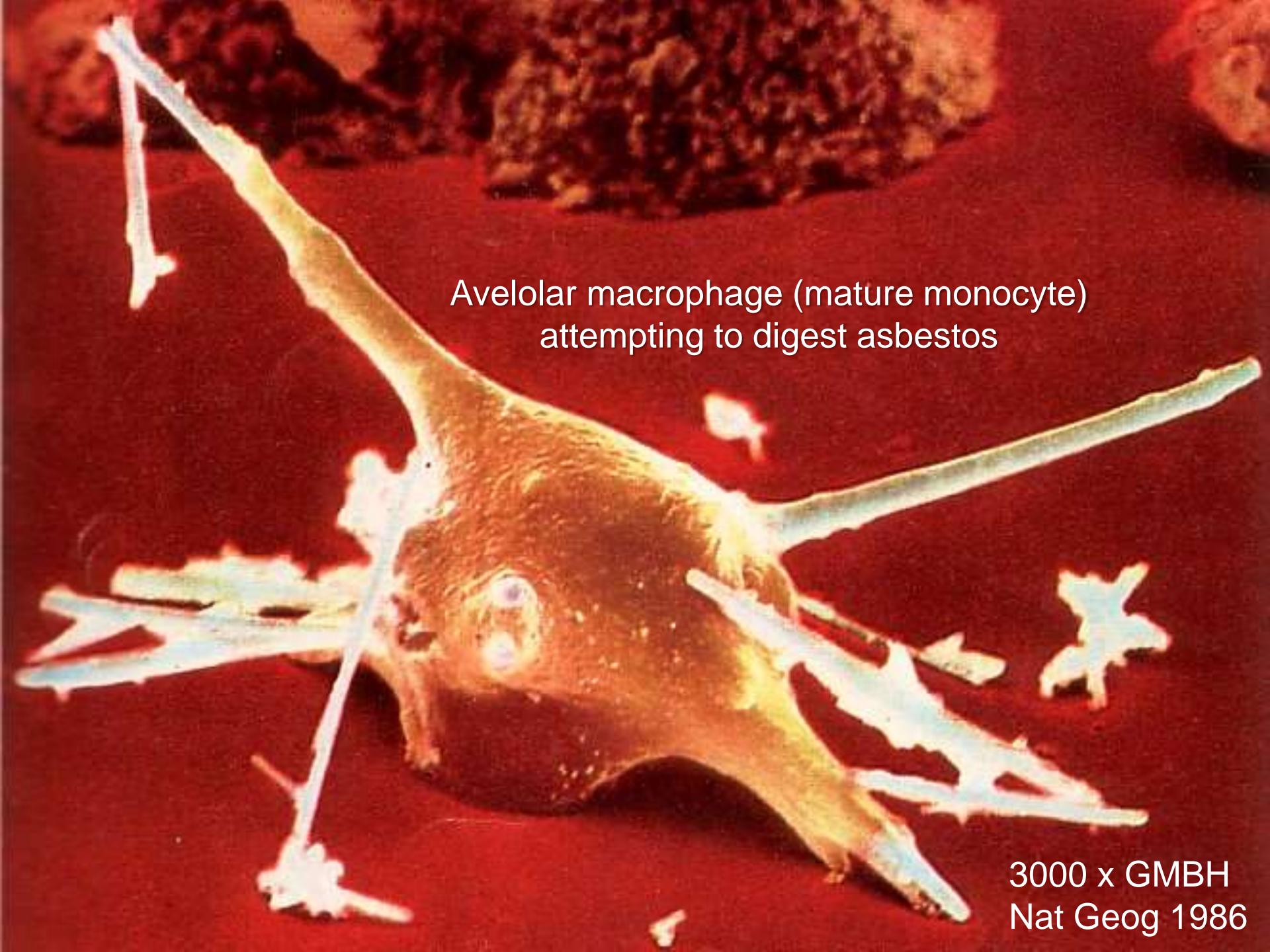
B cell lymphocyte producing  
antibodies, *E. coli* nearby

8500 x GMBH  
Nat Geog 1986



Histamine erupting  
from mast cells

3000 x GMBH  
Nat Geog 1986

A scanning electron micrograph showing a single alveolar macrophage against a dark red background. The macrophage has a large, rounded nucleus and several long, thin, finger-like processes extending from its surface. It is engulfing a cluster of bright yellow-green, needle-like asbestos fibers. The text is overlaid on the upper right side of the image.

Avelolar macrophage (mature monocyte)  
attempting to digest asbestos

3000 x GMBH  
Nat Geog 1986

Rhinovirus 14  
attacking wbc



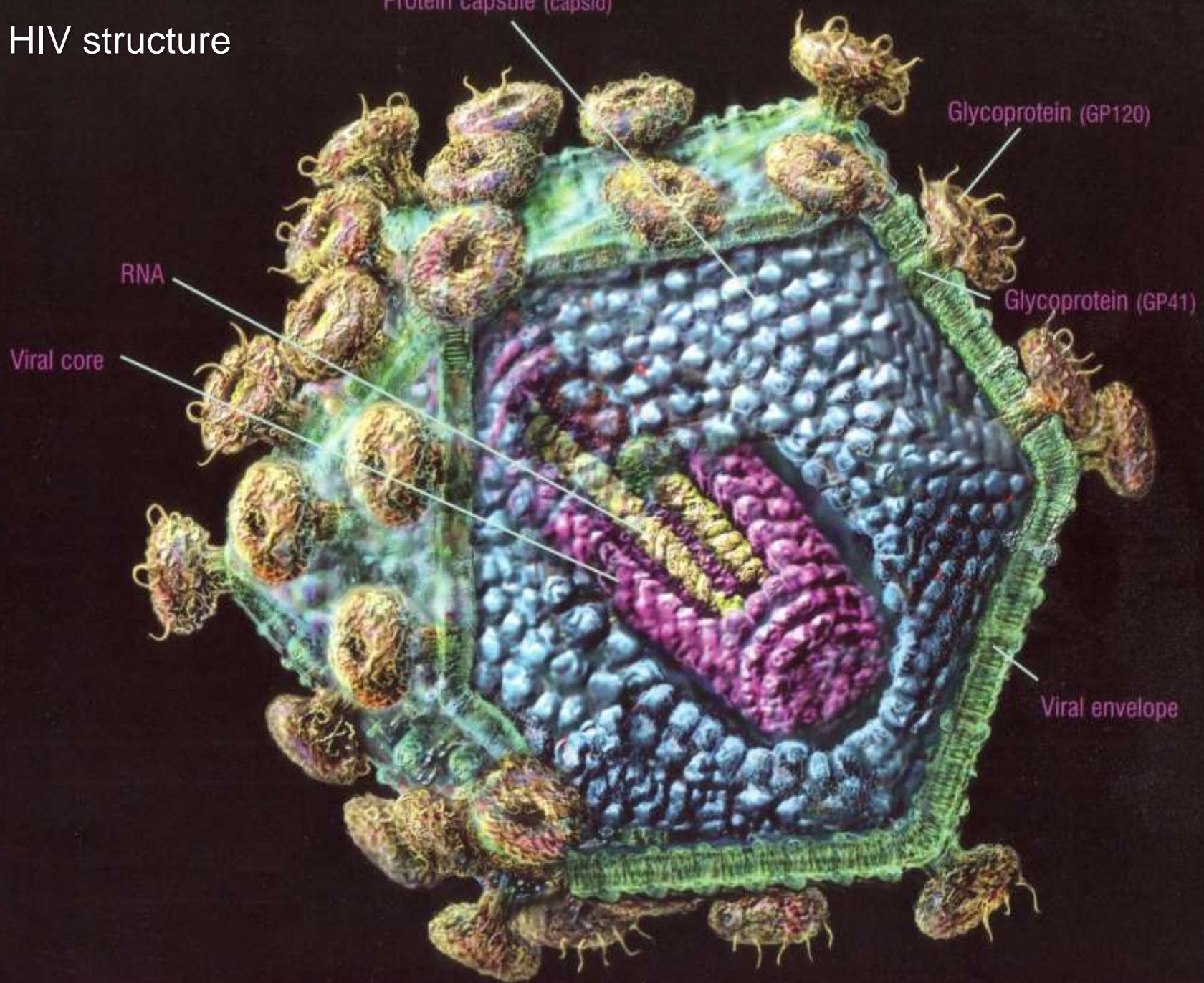
10,000 x GMBH  
Nat Geog 1986

HIV attacking  
T-helper cell  
lymphocyte,  
commander-  
in-chief of the  
immune  
system



30,000 x GMBH  
Nat Geog 1986

# HIV structure



# **Dr. Louis Picker of OHSU on track to cure HIV!**

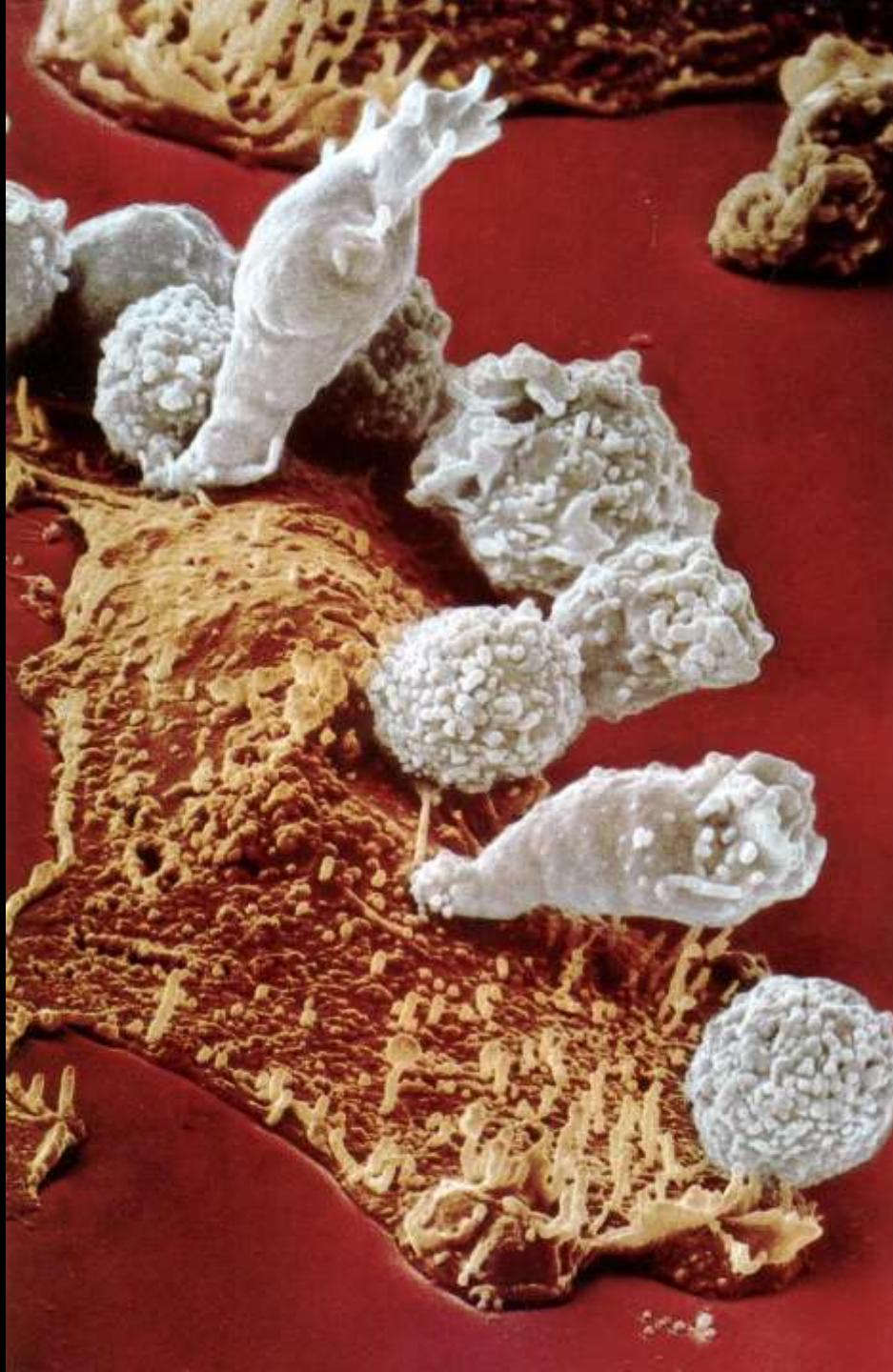


[http://www.oregonlive.com/health/index.ssf/2015/11/louis\\_pickers\\_hiv\\_vaccine\\_erad.html](http://www.oregonlive.com/health/index.ssf/2015/11/louis_pickers_hiv_vaccine_erad.html)

[http://www.oregonlive.com/health/index.ssf/2015/11/superstar\\_scientist\\_dr\\_louis\\_p.html](http://www.oregonlive.com/health/index.ssf/2015/11/superstar_scientist_dr_louis_p.html)

<https://www.youtube.com/watch?v=lTwG6O9G81g>

Natural  
killer cells  
attacking  
cancer cell

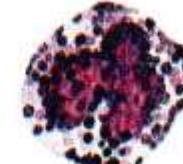
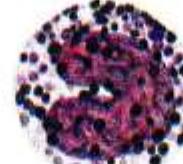


10,000 x GMBH  
Nat Geog 1986

Lone killer  
cell with  
remnant  
cytoskeleton



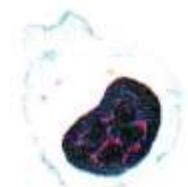
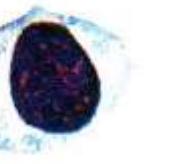
7000 x GMBH  
Nat Geog 1986



NEUTROPHILS

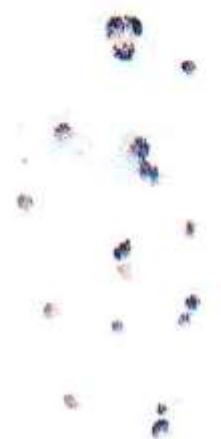
EOSINOPHILS

BASOPHILS



LYMPHOCYTES

MONOCYTES



PLATELETS

ERYTHROCYTES

# Granulocytes

Neutrophil 58-62%

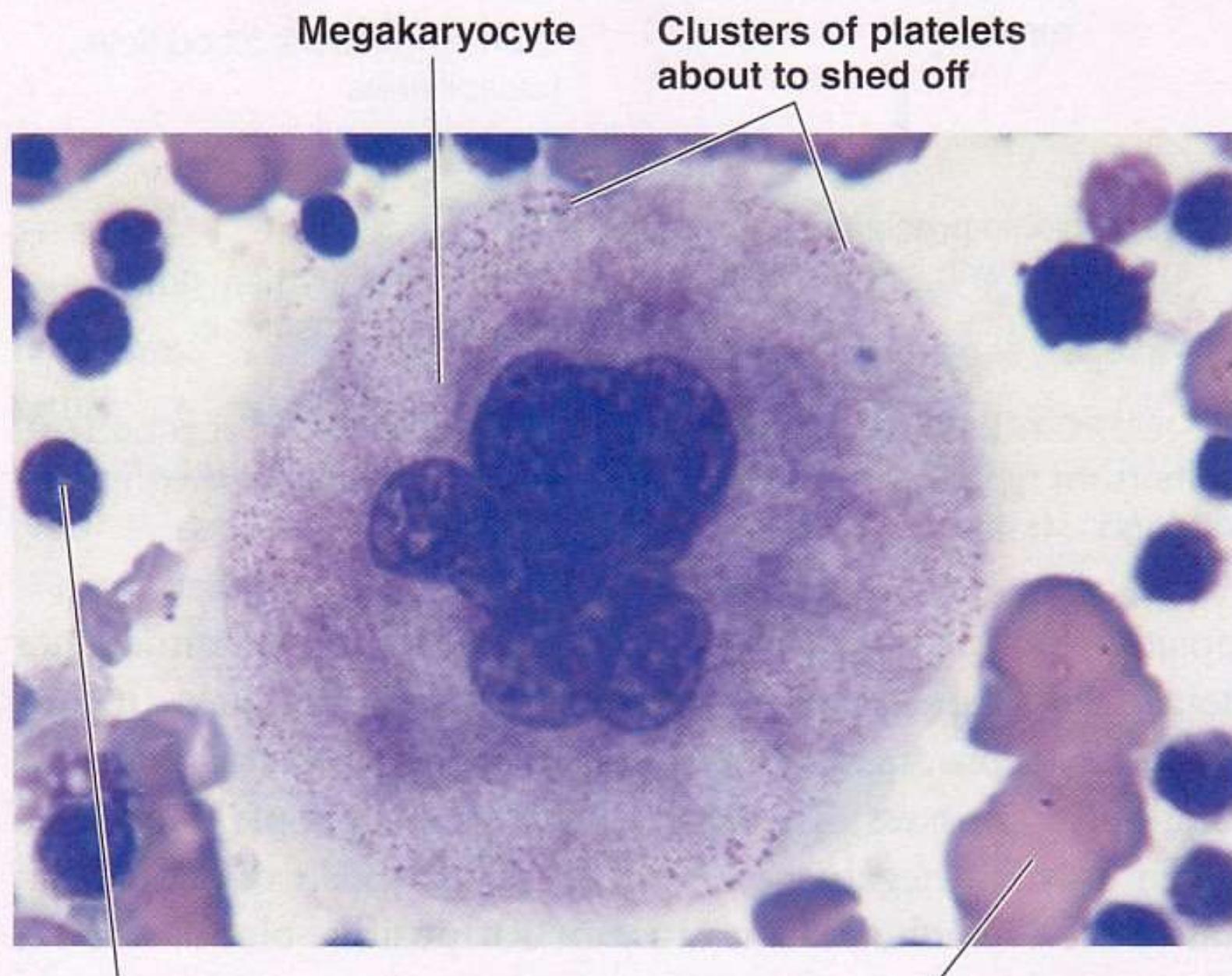
Eosinophil 2-3%

Basophil < 1%

Lymphocytes 28-32%

Monocyte 3-5%

Agranulocytes



Carolina Biological/Visuals Unlimited

LS 2012 fig 11-6

# ***Break for discussion/questions!***



# *No food, drink or gum in lab!*

## *Thanks sincerely!*



...Healthy, tasty & fresh, but not in lab!!





# Hand-washing

**The right way to wash your hands:**

Thoroughly wash with soap and warm running water — rubbing your hands together for at least 10 seconds.

Hand-washing is the single most effective thing you can do to reduce the spread of colds and other infectious disease.

It's not necessary to use anti-bacterial soaps when washing up. Regular soap and water do the job just fine.

Also, using germicidal soaps too often may produce antibiotic-resistant bacteria.

*Source: Hospital Infections Program, U.S. Centers for Disease Control and Prevention*



**NB: Happy Birthday Song 20-30 sec!!**



<http://www.squidsoap.com/>

# PREPARATION



1

WASH & DRY



2

ALCOHOL



3

# SAMPLE+TESTS



OBTAINT  $\mu$ SAMPLE

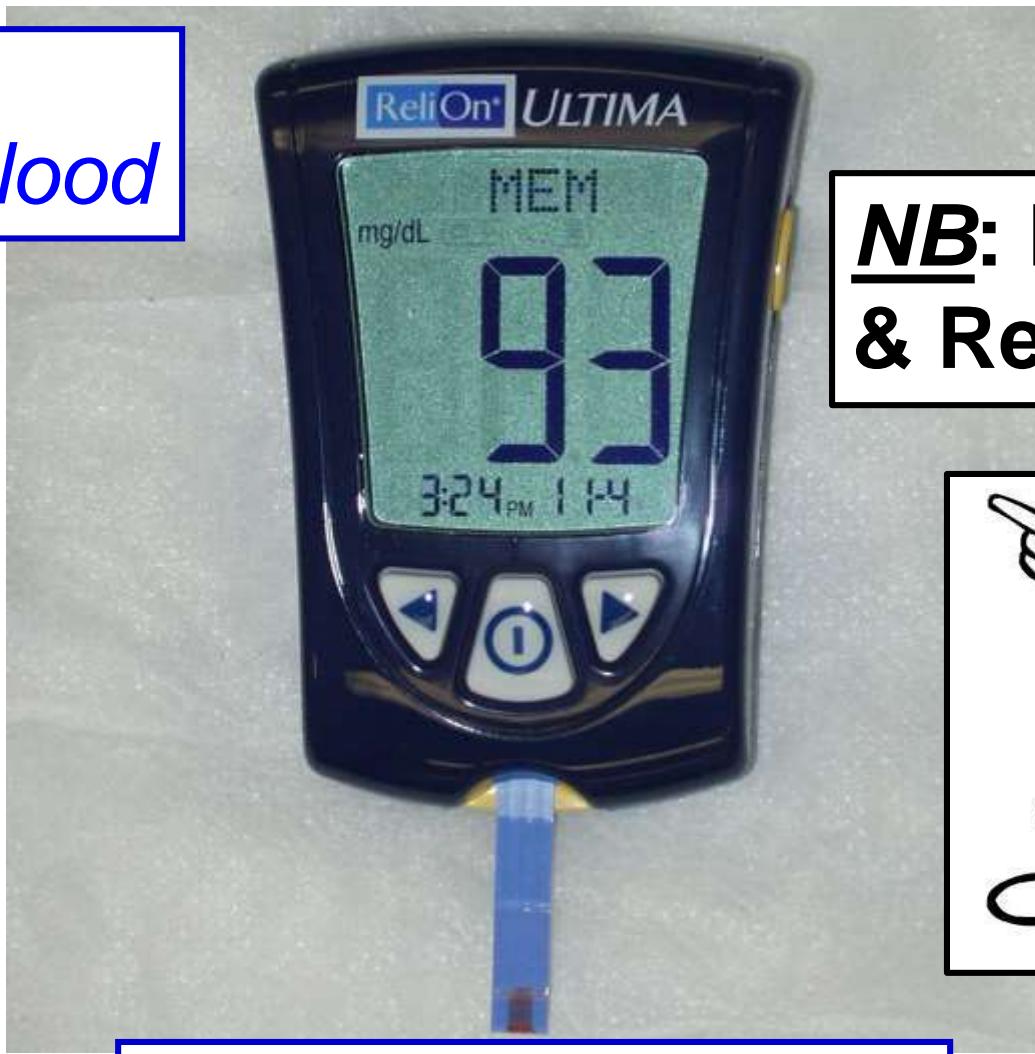


BLOOD GLUCOSE



BLOOD TYPING

# Glucose: *Sugar in Blood*



**NB: Read  
& Record!**



Normal: 70-99

Pre-Diabetes: 100-125

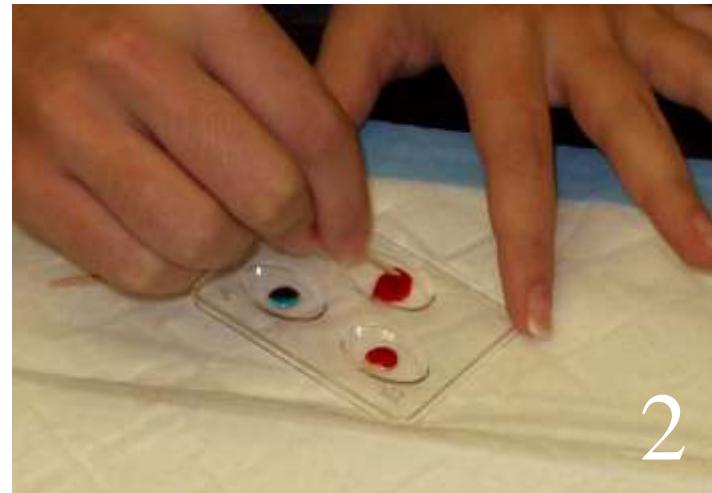
Diabetes:  $\geq 126$  mg/dL

# BLOOD TYPING



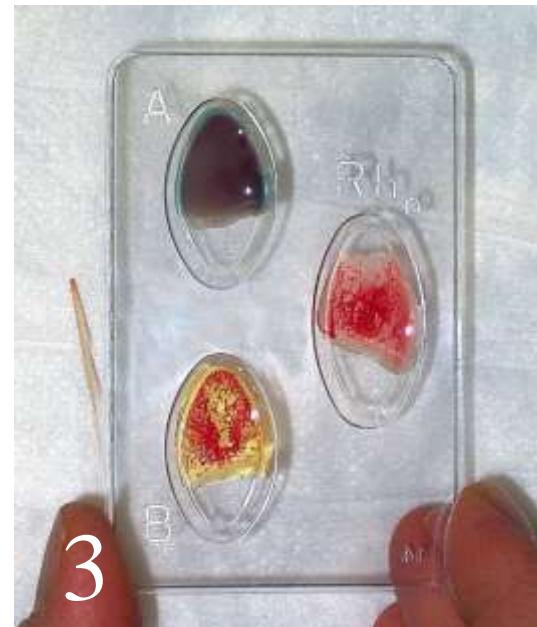
1

ADD ANTISERA



2

MIX W/TOOTHPICKS



3

READ & RECORD!!

**1<sup>o</sup> Q? Clumping in Any Wells?**

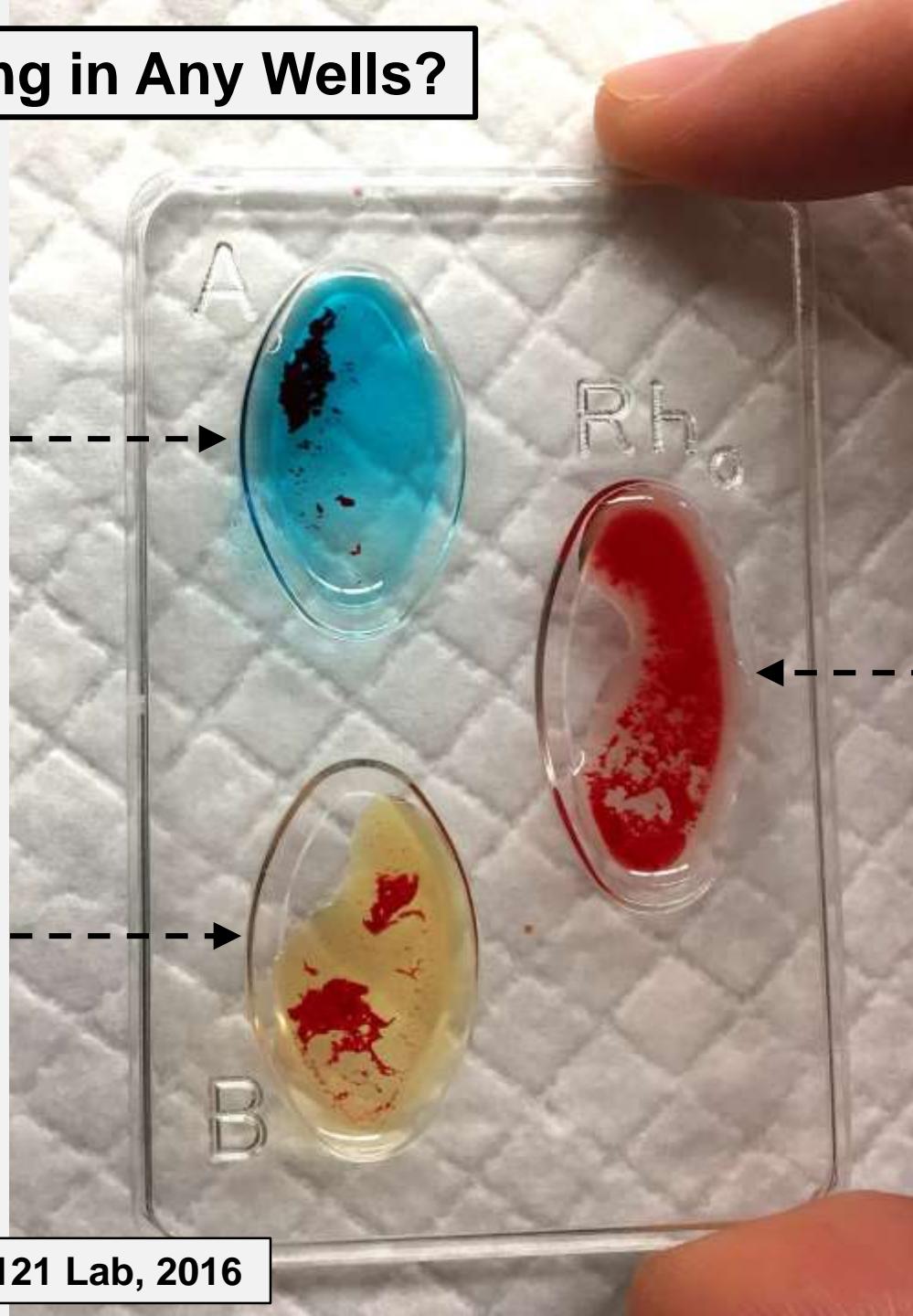
**Type AB+**

**Here?**

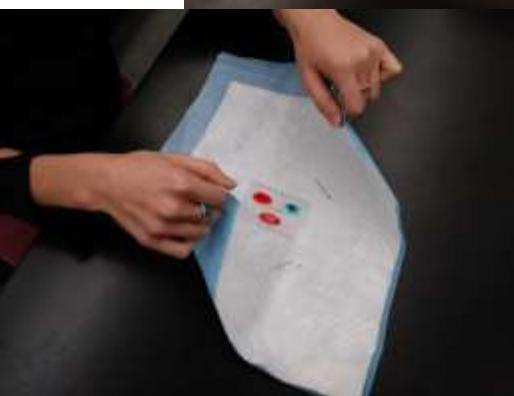
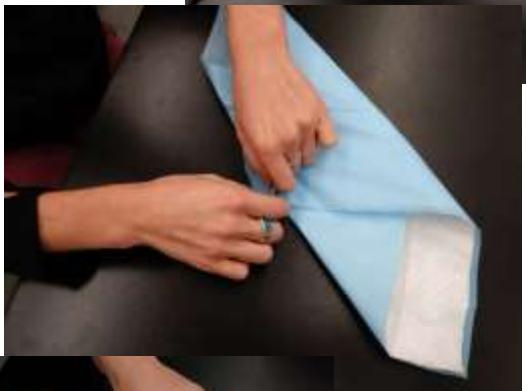
**Here?**

**Here?**

**Source: S Wong, BI 121 Lab, 2016**



# CLEAN-UP!



1 FOLD DIAPER



2 BLOOD PRODUCTS

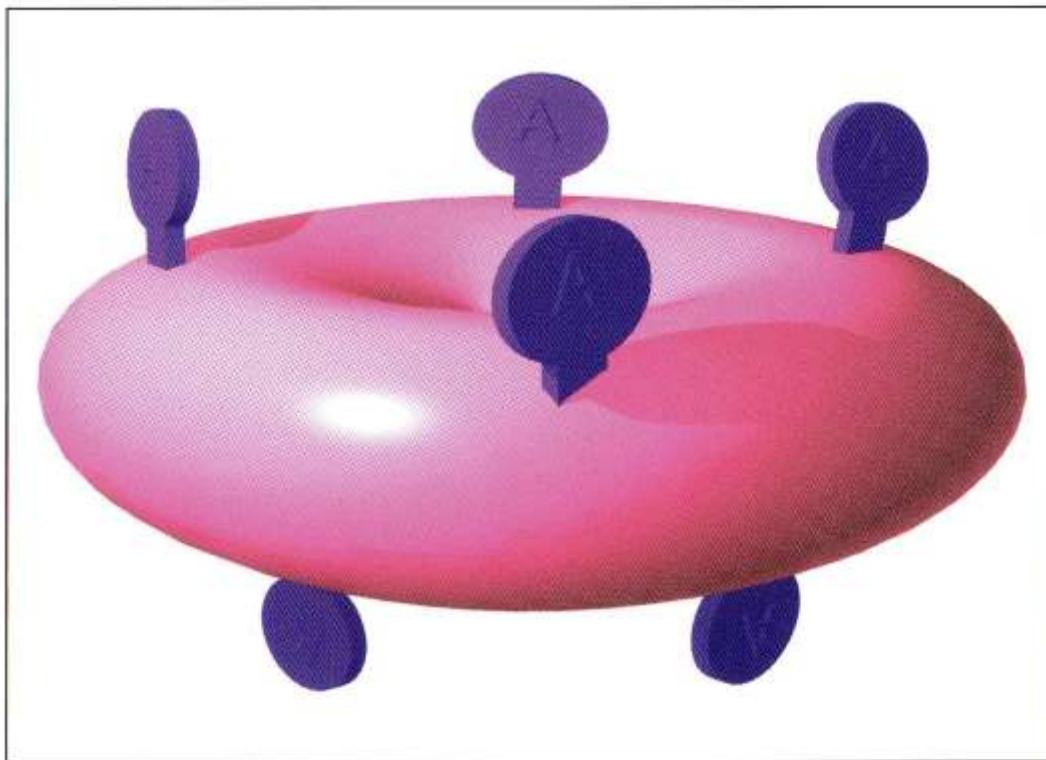


3 REWASH!!

# *Blood Chem Lab Q?*

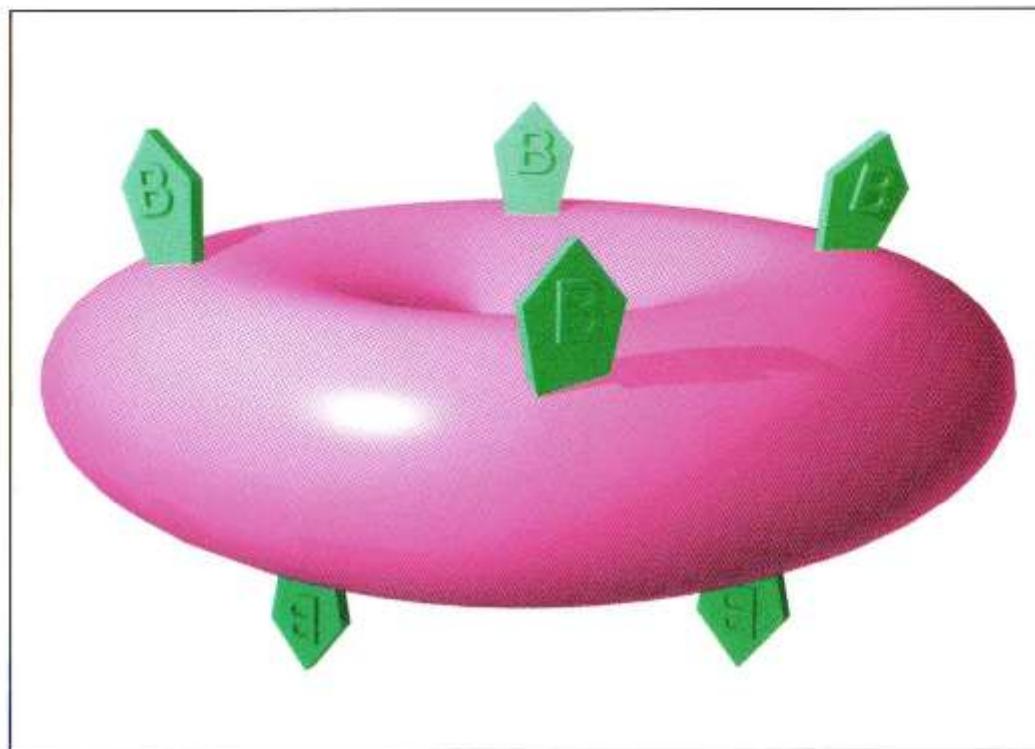


A



A Antigens  
(Agglutinogens)

# B



**B Antigens**  
(Agglutinogens)

# AB



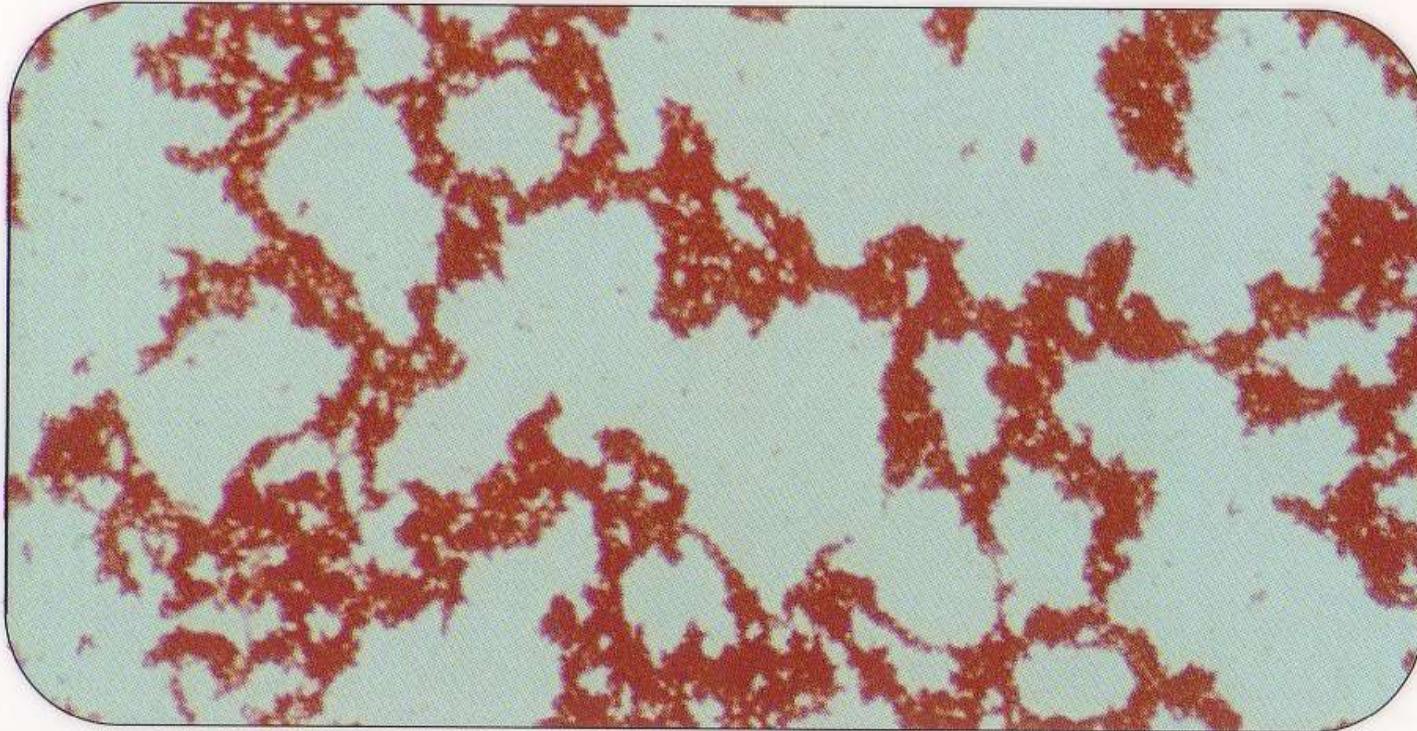
A & B Antigens  
(Agglutinogens)



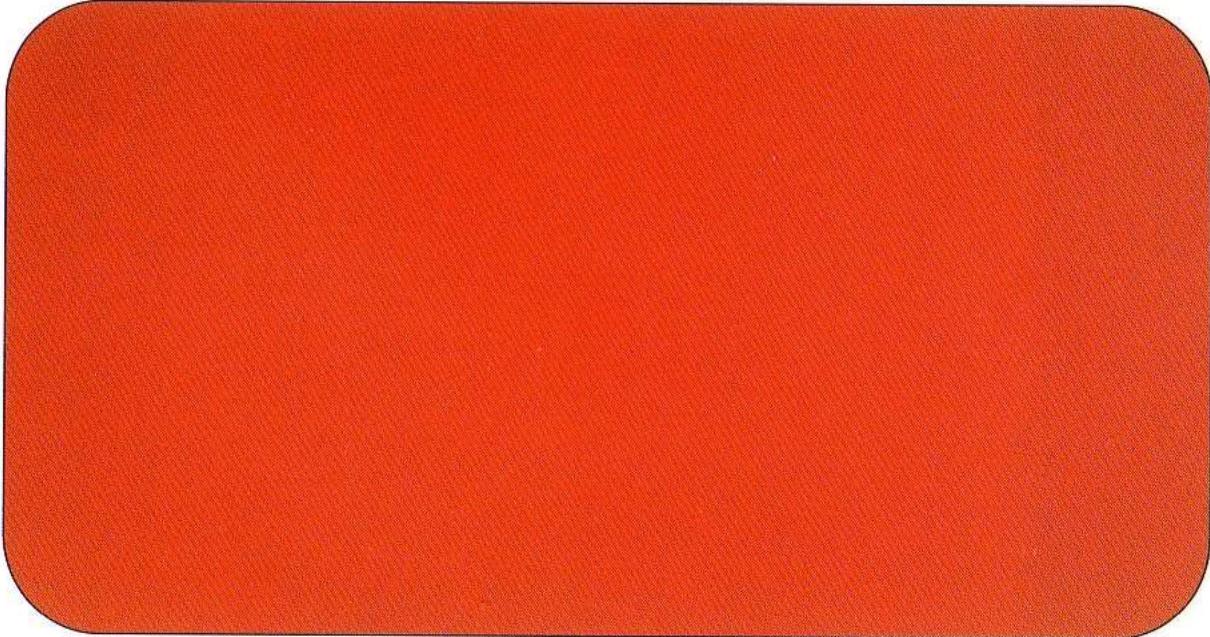
No Antigens  
(Agglutinogens)



A Antibodies  
(Agglutinins)

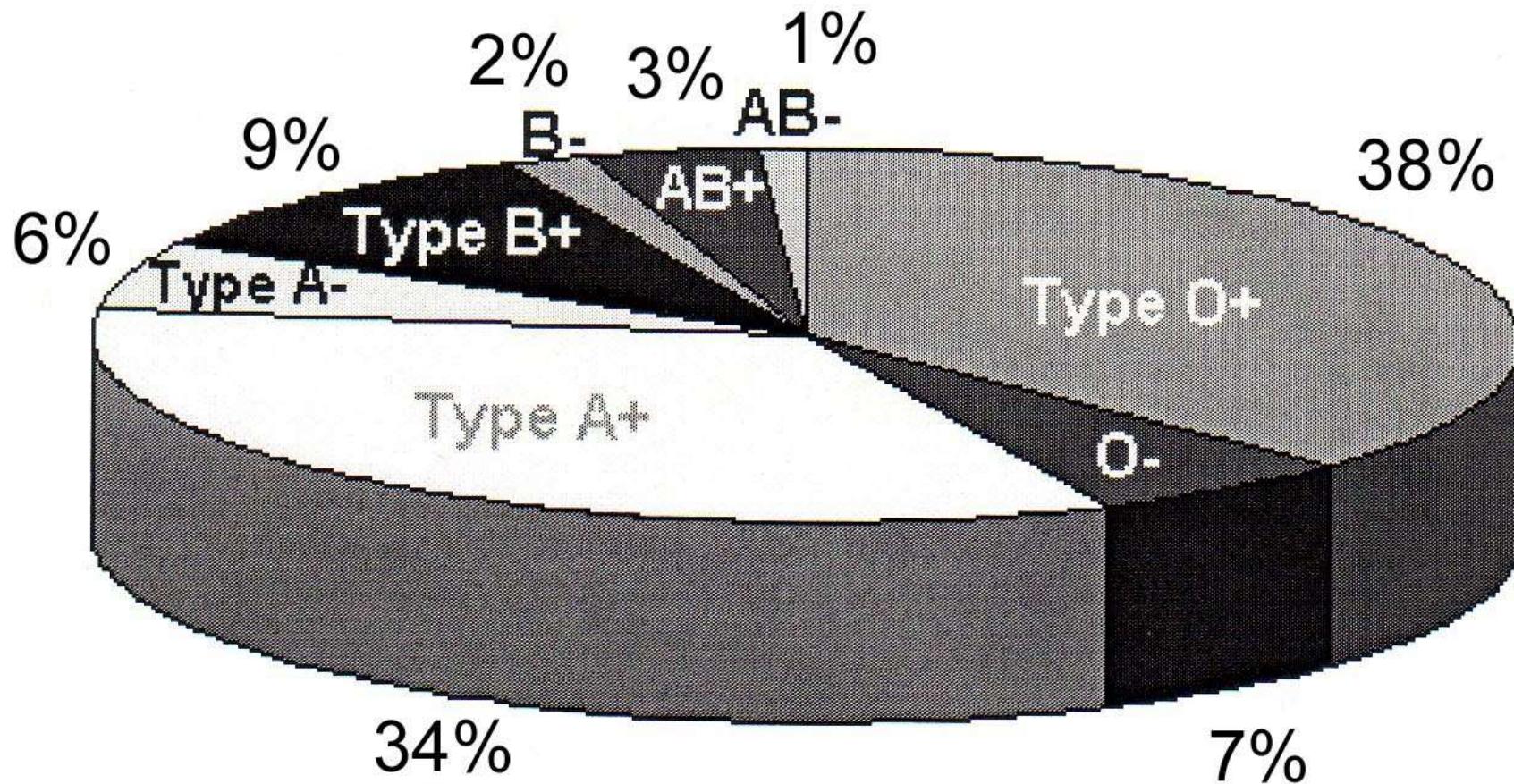


Clumping with  
anti-A serum



No Clumping with  
anti-A serum

# Blood Type Distribution, General Population

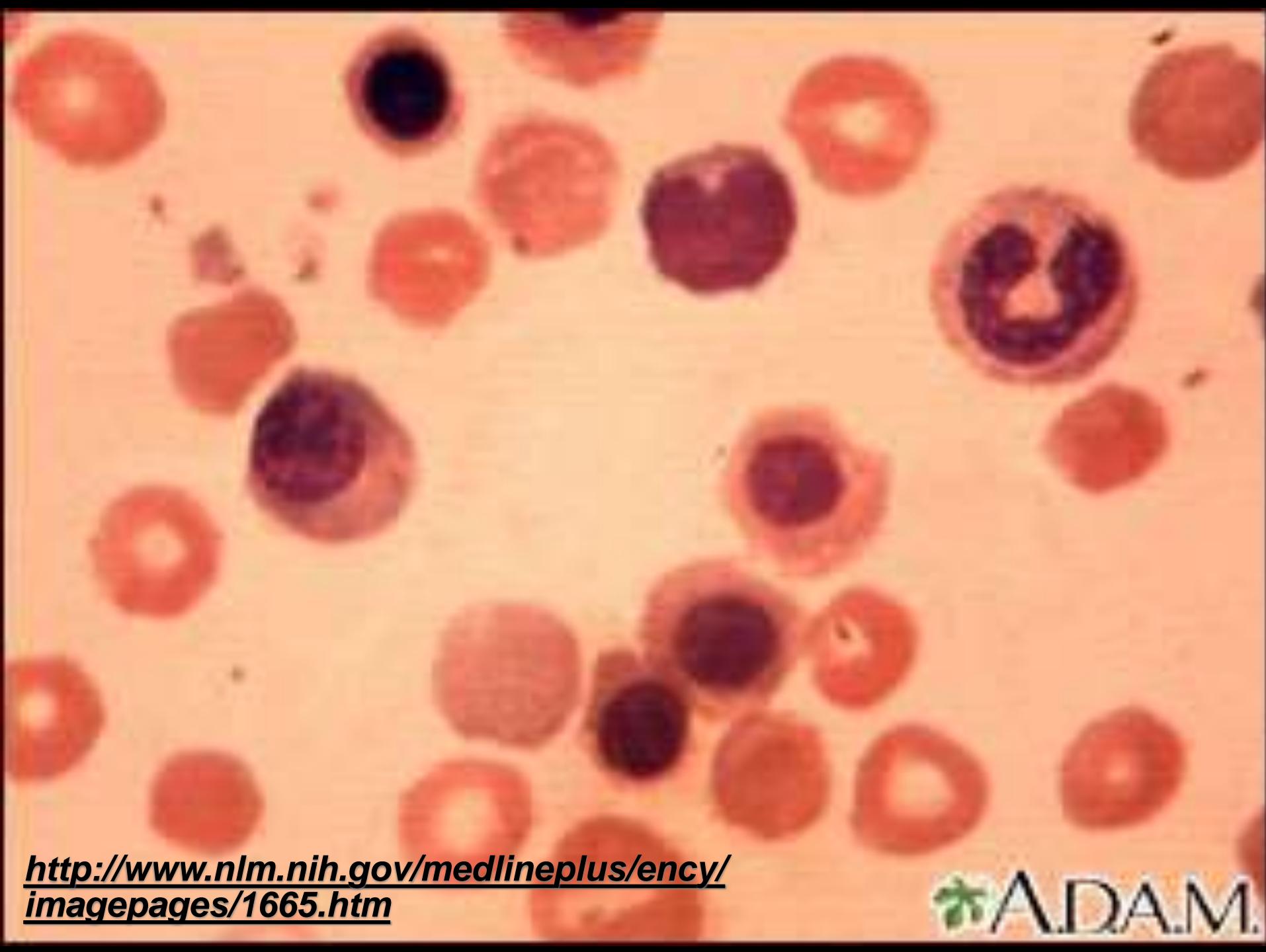


# *Erythroblastosis Fetalis?*

eg,    *Rh- mom*  
*Rh+ baby*

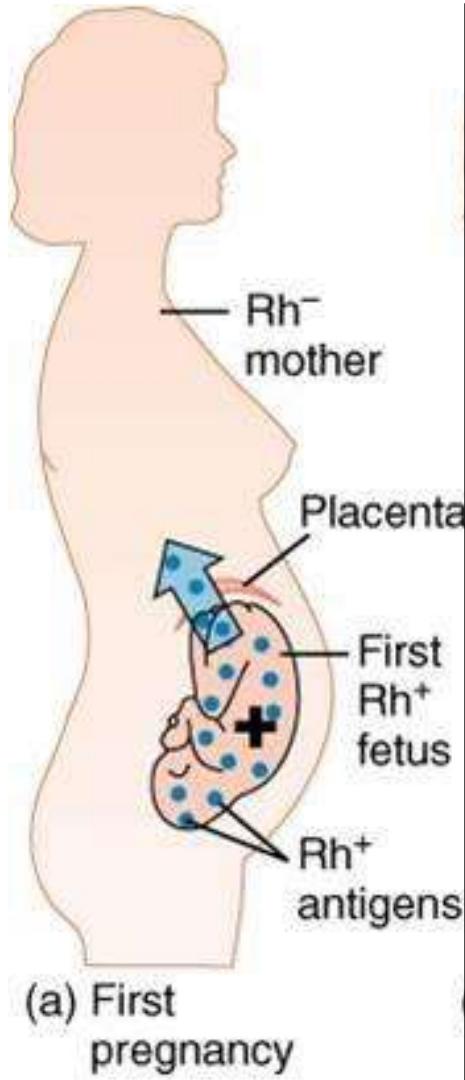
<https://www.nlm.nih.gov/medlineplus/rhcompatibility.html>

<http://www.nlm.nih.gov/MEDLINEPLUS/ency/article/001298.htm#Alternative%20Names>

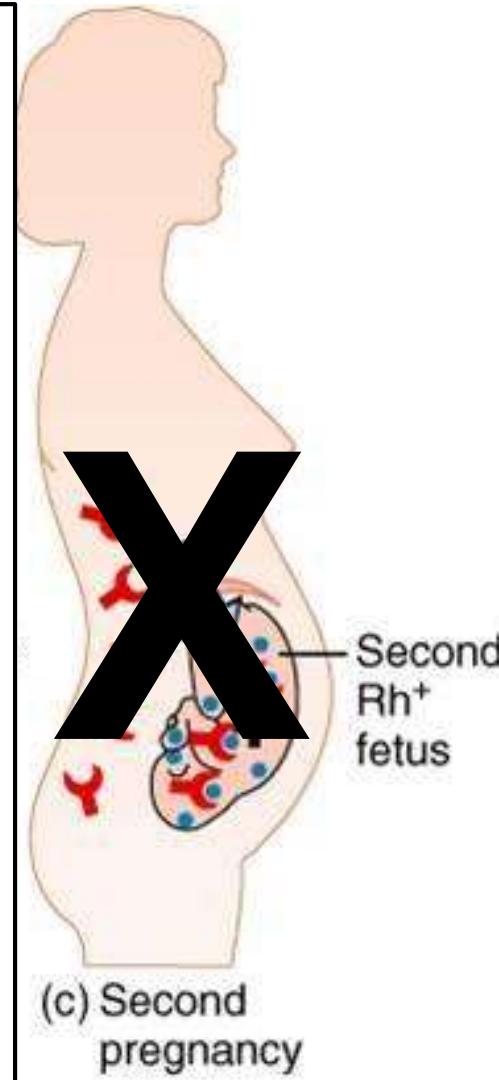


[http://www.nlm.nih.gov/medlineplus/ency/  
imagepages/1665.htm](http://www.nlm.nih.gov/medlineplus/ency/imagepages/1665.htm)

# *Erythroblastosis Fetalis or Hemolytic Disease of the Unborn/Newborn*



**Throw  
Blanket  
Over  
This  
Step!**

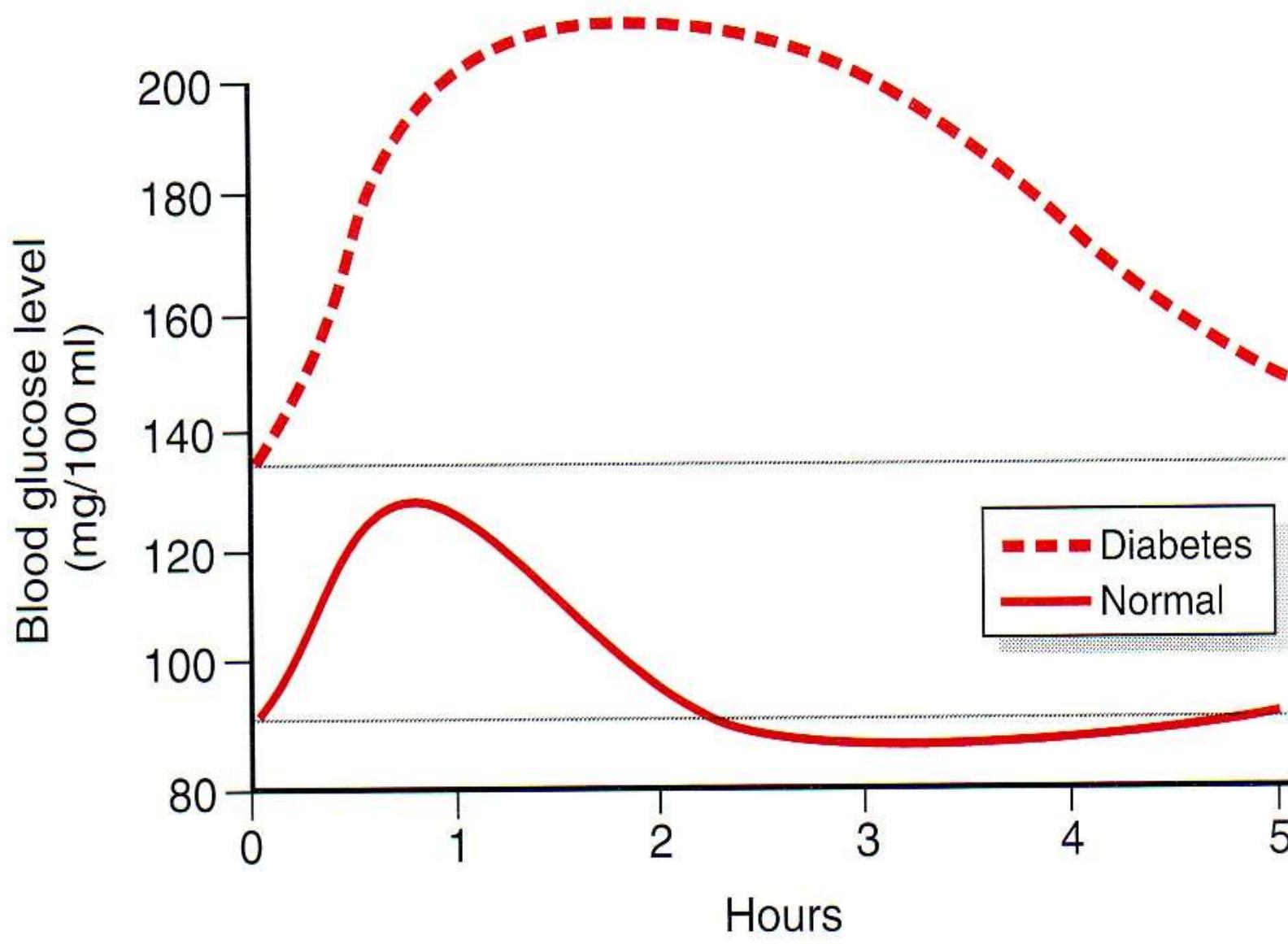


**Inject Mom with RhoGam  $\leq$  48-72 hr  
> each Rh+ Pregnancy**



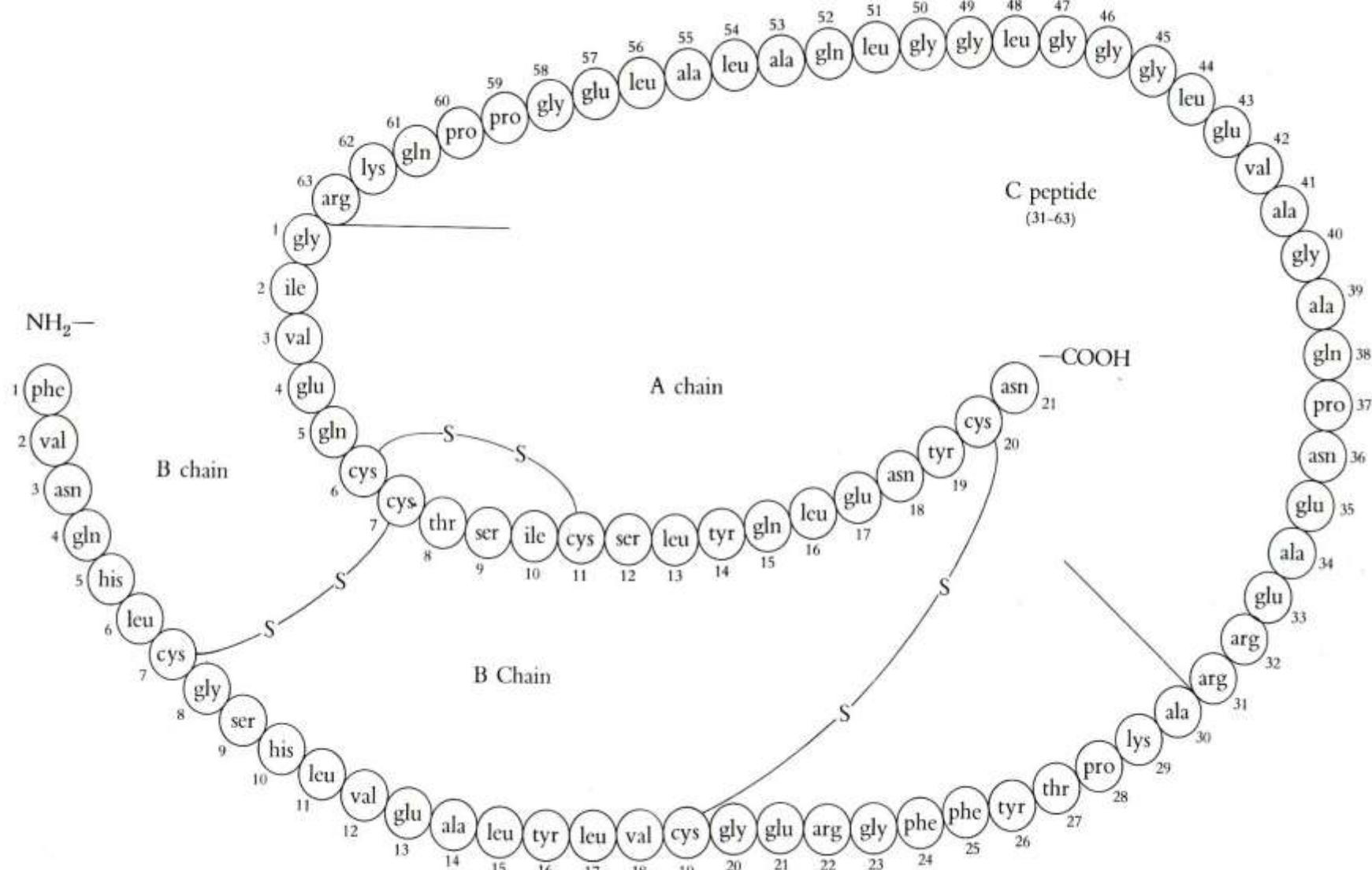
**The Blanket is RhoGam  $\rightarrow$  Masks  
the Mom's Immune System!**

# *Diabetic & Normal Response to Glucose Load*



Guyton & Hall 2000

# *Proinsulin with C-Connecting Peptide*



**FIG. 10-4.** Amino acid sequence of a mammalian proinsulin molecule. Note how the insulin molecule can be formed by cleaving this polypeptide chain at two locations to liberate the C peptide.

# Times of Plenty!!

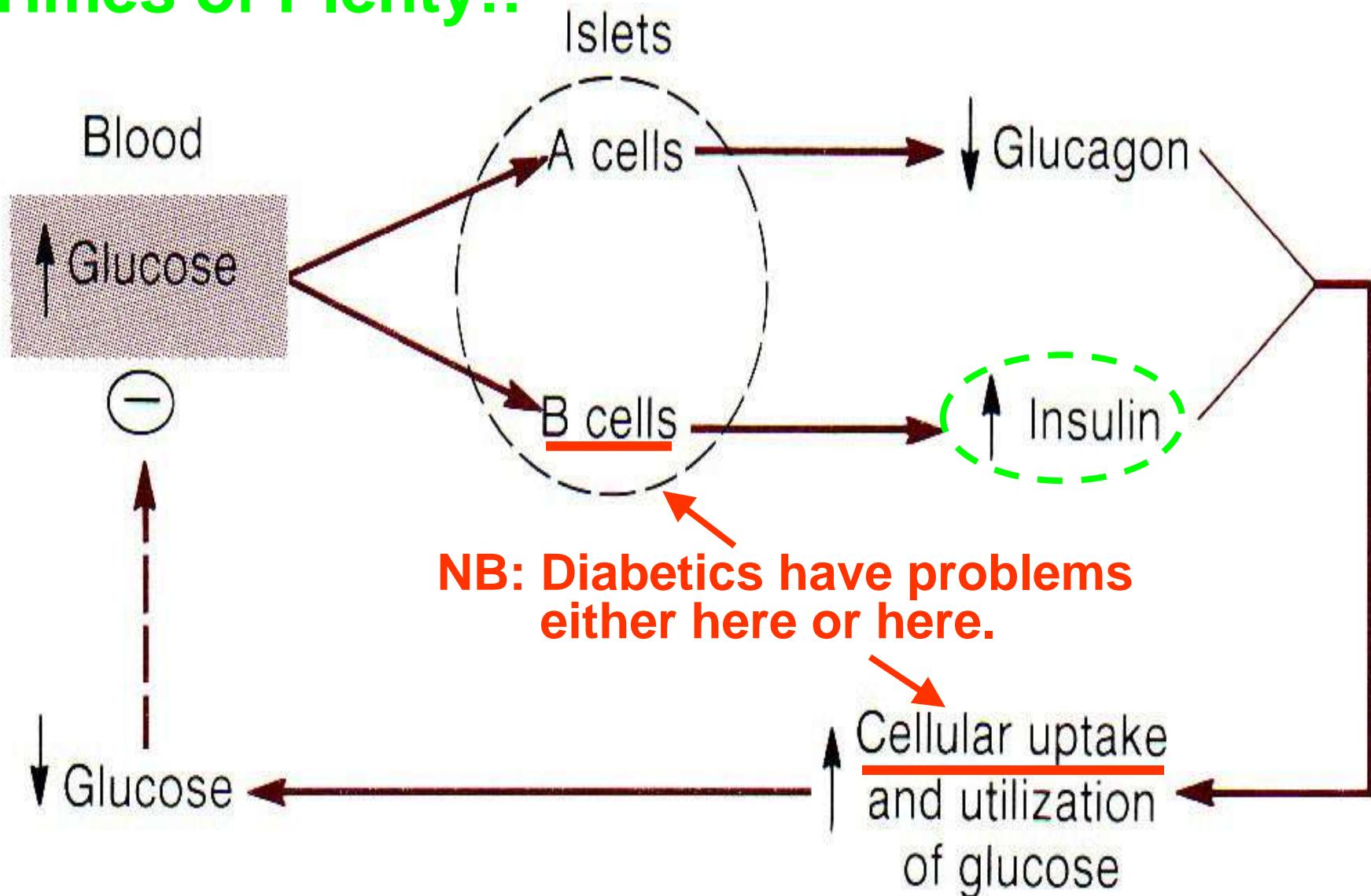


Table 4-8

## Type 1 and Type 2 Diabetes Compared

	Type 1	Type 2
Percentage of cases	5–10%	90–95%
Age of onset	<30 years	>40 years <sup>a</sup>
Associated characteristics	Autoimmune diseases, viral infections, inherited factors	Obesity, aging, inherited factors
Primary problems	Destruction of pancreatic beta cells; insulin deficiency	Insulin resistance, insulin deficiency (relative to needs)
Insulin secretion	Little or none	Varies; may be normal, increased, or decreased
Requires insulin	Always	Sometimes
Older names	Juvenile-onset diabetes Insulin-dependent diabetes mellitus (IDDM)	Adult-onset diabetes Noninsulin-dependent diabetes mellitus (NIDDM)

**Table 4–9**

## **Warning Signs of Diabetes**

These signs appear reliably in type 1 diabetes and, often, in the later stages of type 2 diabetes.

- Excessive urination and thirst
- Glucose in the urine
- Weight loss with nausea, easy tiring, weakness, or irritability
- Cravings for food, especially for sweets
- Frequent infections of the skin, gums, vagina, or urinary tract
- Vision disturbances; blurred vision
- Pain in the legs, feet, or fingers
- Slow healing of cuts and bruises
- Itching
- Drowsiness
- Abnormally high glucose in the blood

***Diabetics must constantly juggle diet, exercise & medication to control blood glucose!***



*Like others, diabetics benefit from whole grains, vegetables, fruits, legumes & non-/low-fat milk products!*



*Exercise is a must based on  
its insulin-like effect!*



WOW!



SUPER



5



~ TOP 5 - 10).

EXCELLENT!!



~ TOP 15).

GREAT EFFORT



~ TOP 20 - 25).

