

Reporting Title: Fetomaternal Bleed,Flow Cytometry,B

Performing Location: Rochester

Ordering Guidance:

This test is for the detection of fetal bleed, it should not be used to detect the hereditary persistence of fetal hemoglobin (HPFH) or to detect fetal maternal hemorrhage in a mother with HPFH. For HPFH diagnosis, order HBEL1 / Hemoglobin Electrophoresis Evaluation, Blood.

NY State Clients: Testing is available; order FMBNY / Fetomaternal Bleed, New York, Blood.

Shipping Instructions:

Specimen must arrive within 5 days (preferably 24-72 hours) of collection.

Specimen Requirements:

Container/Tube: Lavender top (EDTA)

Specimen Volume: 6 mL

Collection Instructions:

1. Fill evacuated tube as completely as possible.
2. Do not centrifuge.
3. Invert several times to mix blood.
4. Send whole blood specimen in original tube. Do not aliquot as aliquoting into or out of a sample tube can adversely affect test results.

Specimen Type	Temperature	Time	Special Container
Whole Blood EDTA	Ambient	5 days	
	Refrigerated (preferred)	5 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
4058	Remarks	Alphanumeric		48767-8
28202	Fetal-Maternal Bleed	Alphanumeric	mL	55730-6
28204	Mother's Rh	Alphanumeric	Rh	10331-7
28203	Rh Immune Globulin	Alphanumeric	dose	55731-4

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88184-Flow cytometry, cell surface, cytoplasmic

Reference Values:

< or =3.75 mL of fetal red blood cells in normal adults