

## Overview

### Useful For

Additional proof of alloantibody specificity

Assessment of solid organ transplantation donor compatibility

This test is **not useful** for the purpose of establishing paternity.

### Method Name

Hemagglutination

### NY State Available

Yes

## Specimen

### Specimen Type

Whole Blood EDTA

### Shipping Instructions

Specimen must arrive within 7 days of collection

### Specimen Required

**Container/Tube:** Pink top (EDTA)

**Specimen Volume:** 6 mL

**Pediatric Volume:** 2 mL blood in 6 mL pink-top (EDTA) tube

**Collection Instructions:** Send whole blood specimen in original tube. **Do not aliquot.**

### Specimen Minimum Volume

See Specimen Required

### Reject Due To

Gross hemolysis	OK
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### Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Whole Blood EDTA	Refrigerated (preferred)	7 days	

	Ambient	72 hours	
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## Clinical & Interpretive

### Clinical Information

The presence or absence of a cellular antigen is an inherited trait. As a general rule, individuals will not make antibody directed against an antigen present on their own red blood cells.

### Reference Values

Reported as Negative or Positive

### Interpretation

The A1 antigen type will be resulted as "pos," indicating that the antigen is present, or "neg," indicating that the antigen is absent.

### Cautions

No significant cautionary statements

### Clinical Reference

Fung MK, Eder AF, Spitalnik SL, Westhoff CM: Technical Manual. 19th ed. AABB; 2017

## Performance

### Method Description

Agglutination of red blood cells with an antiserum represents the presence of the corresponding antigen in the red blood cells.( MK, Eder AF, Spitalnik SL, Westhoff CM: Technical Manual. 19th ed. AABB; 2017)

### PDF Report

No

### Day(s) Performed

Monday through Friday, Sunday

### Report Available

1 to 5 days

### Specimen Retention Time

14 days

### Performing Laboratory Location

Rochester

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**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

**CPT Code Information**

86905

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
A1R	A1 antigen subtype	844-1

Result ID	Test Result Name	Result LOINC® Value
A1R	A1 antigen subtype	844-1