

Overview

Useful For

Selecting compatible blood products for transfusion therapy

Determining the need for Rh immune globulin in mother of baby

Reflex Tests

| Test Id | Reporting Name | Available Separately | Always Performed |
|---------|--------------------------|----------------------|------------------|
| ABIDR | Antibody Identification, | Yes | No |
| | RBC | | |

Testing Algorithm

Includes ABO and Rh blood group antigens.

Method Name

Hemagglutination

NY State Available

No

Specimen

Specimen Type

Whole Blood EDTA

Specimen Required

Container/Tube: Pink top (EDTA Micro tube)

Specimen Volume: 0.5 mL

Collection Instructions:

1. Invert several times to mix blood.

2. Send whole blood specimen in original tube. Do not aliquot.

Specimen Minimum Volume

See Specimen Required

Reject Due To

| Gross | Reject |
|-----------|--------|
| hemolysis | |



Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|------------------|--------------------------|---------|-------------------|
| Whole Blood EDTA | Ambient | 4 days | |
| | Refrigerated (preferred) | 10 days | |

Clinical & Interpretive

Clinical Information

The ABO and Rh typing indicates the presence of 2 of the various blood group systems. The identification of antigens in the ABO and Rh system has its major application in the selection of blood and blood products of the appropriate ABO/Rh type for transfusion therapy and in the determination of the mother's candidacy for Rh immune globulin therapy.

Weak D testing will be performed on all Rh-negative babies.

Reference Values

ABO and Rh blood group antigens identified

Interpretation

Agglutination of red cells with an antiserum represents the presence of the corresponding antigen on the red cells.

Cautions

No significant cautionary statements

Clinical Reference

Cohn CS, Delaney DO, Johnson ST, Katz LM, Schwartz J, eds. Technical Manual. 21st ed. AABB; 2023

Performance

Method Description

Agglutination of red cells with an antiserum represents the presence of the corresponding antigen in the red cells.(Cohn CS, Delaney DO, Johnson ST, Katz LM, Schwartz J, eds. Technical Manual. 21st ed. AABB; 2023)

PDF Report No

Day(s) Performed Monday through Sunday

Report Available Same day/1 to 2 days



Specimen Retention Time

14 days

Performing Laboratory Location

Rochester

Fees & Codes

Fees

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

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

86900 86901

LOINC[®] Information

| Test ID | Test Order Name | Order LOINC [®] Value |
|---------|-----------------|--------------------------------|
| ABONR | Newborn ABORh | 19057-9 |
| | | |

| Result ID | Test Result Name | Result LOINC [®] Value |
|-----------|------------------|---------------------------------|
| ABONR | Newborn ABORh | 19057-9 |