

Overview

Useful For

Additional proof of alloantibody specificity

Determining possible antibody specificities in complex cases

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

Testing Algorithm

List the specific antigens desired on the order. Examples of antigens routinely tested by the lab are listed below.

-C

-c (little c)

-E

-e (little e)

-K

-Fya

-Fyb

-Jka

-Jkb

-M

-N

-S

-s (little s)

-Complete phenotype (13 antigens listed above)

-McLeod (K system antigens)

-Other

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
STTX32	Red Cell Antigen Typing	No	No

Method Name

Hemagglutination

NY State Available

Yes

Specimen**Specimen Type**

Whole Blood EDTA

Shipping Instructions

Specimen must arrive within 7 days of draw.

Necessary Information

The desired antigens to be tested must be included or testing will not proceed.

Specimen Required**Container/Tube:** Pink top (EDTA)**Specimen Volume:** 6 mL**Pediatric Volume:** 3 mL blood in 6-mL pink-top (EDTA) tube**Collection Instructions:** Send whole blood specimen in original tube. **Do not aliquot.****Reject Due To**

Gross hemolysis OK

Specimen Minimum Volume

See Specimen Required

Specimen Stability Information

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

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 positive or negative

Interpretation

[Each antigen typed will be listed by name, followed by "pos or +" indicating that the antigen is present, or by "neg or -" indicating that the antigen is absent.](#)

Clinical Reference

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

Performance

Method Description

Hemagglutination; technique will vary according to reagent antisera source and specificity.(Fung MK, Eder AF, Spitalnik SL, Westhoff CM, eds: Technical Manual. 19th ed. AABB; 2017)

PDF Report

No

Specimen Retention Time

14 days

Performing Laboratory Location

Rochester

Fees & Codes**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-Each red cell antigen typing (if more than one ordered)

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
SPAGR	Special Red Cell Ag Typing	906-8

Result ID	Reporting Name	LOINC®
AGTR	Red Cell Antigen Typing	906-8
ATBTR	Antigen(s) to be tested?	33062-1