

## Overview

### Useful For

Selecting compatible blood products for transfusion therapy

Determining the need for Rh immune globulin in mother of baby

### Testing Algorithm

Includes ABO and Rh blood group antigens.

### Reflex Tests

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

### 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

### Reject Due To

Gross hemolysis    Reject

### Specimen Minimum Volume

See Specimen Required

**Specimen Stability Information**

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

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

**Performance****Method Description**

Agglutination of red cells with an antiserum represents the presence of the corresponding antigen in the red cells.(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**

86900

86901

**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
ABONR	Newborn ABORh	19057-9

  

Result ID	Reporting Name	LOINC®
ABONR	Newborn ABORh	19057-9