Overview

Useful For
Evaluation of individuals with possible hypogammaglobulinemia

Investigation of suspected roundworm infections

Method Name
Hemagglutination

NY State Available
Yes

Specimen

Specimen Type
Serum Red

Shipping Instructions
Specimen must arrive within 10 days of draw.

Specimen Required
Container/Tube: Red top

Submission Container/Tube: Serum Aliquot tube

Specimen Volume: 2.5 mL

Pediatric Volume: 2 mL

Specimen Minimum Volume
1 mL

Reject Due To

| Gross hemolysis | OK |

Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum Red</td>
<td>Ambient (preferred)</td>
<td>4 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
<td>10 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refrigerated</td>
<td>10 days</td>
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</table>

Clinical and Interpretive
Clinical Information
Isoagglutinins are antibodies produced by an individual that cause agglutination of RBCs in other individuals. People possess isoagglutinins directed toward the A or B antigen absent from their own RBCs. For example, type B or O individuals will usually possess anti-A. The anti-A is formed in response to exposure to A-like antigenic structures found in ubiquitous non-red cell biologic entities (eg, bacteria).

Isoagglutinins present in the newborn are passively acquired from maternal circulation. Such passively acquired isoagglutinins will gradually disappear, and the infant will begin to produce isoagglutinins at 3 to 6 months of age.

Isoagglutinin production may vary in patients with certain pathologic conditions. Decreased levels of isoagglutinins may be seen in patients with acquired and congenital hypogammaglobulinemia and agammaglobulinemia. Some individuals with roundworm infections will have elevated levels of anti-A.

Reference Values
Interpretation depends on clinical setting. No defined reference values.

Interpretation
The result is reported as antiglobulin phase, in general representing IgG antibody. The result is the reciprocal of the highest dilution up to 1:1024 at which macroscopic agglutination (1+) is observed. Dilutions above 1:1024 are reported as >1024.

Cautions
Decreased isoagglutinin titers may be seen in normal elderly individuals and in children 12 months and younger.

This test will not be performed for individuals with blood type A or AB.

Clinical Reference

Performance

Method Description
Twofold serial dilutions of patient's serum are tested with appropriate type A and B erythrocytes. Antiglobulin phase of reactivity is examined. The result is the reciprocal of the highest dilution at which macroscopic agglutination (1+) is observed up to greater than 1024. Parallel titration of control antiserum is used for standardization. (AABB Technical Manual. 18th edition. Edited by MK Fung, BJ Grossman, CD Hillyer, CM Westhoff: AABB. 2014)

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Friday, Sunday; Continuously

Analytic Time
1 day

Maximum Laboratory Time
4 days

Specimen Retention Time
Test Definition: ATR
Isoagglutinin Titer, Anti-A

14 days

Performing Laboratory Location
Rochester

Fees and 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 Regional Manager. For assistance, contact Customer Service.

Test Classification
This test has been cleared, approved or is exempt by the U.S. 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
86886

LOINC® Information

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<tr>
<th>Test ID</th>
<th>Test Order Name</th>
<th>Order LOINC Value</th>
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<tbody>
<tr>
<td>ATR</td>
<td>Isoagglutinin Titer, Anti-A</td>
<td>38358-8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Result ID</th>
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