Overview

Useful For
The work-up of individuals having febrile, nonhemolytic transfusion reactions
The detection of individuals with autoimmune neutropenia

Method Name
Indirect Immunofluorescence

NY State Available
Yes

Specimen

Specimen Type
Serum Red

Specimen Required
Container/Tube: Red top

Specimen Volume: 1.5 mL

Additional Information: Only pretransfusion reaction specimen is acceptable.

Specimen Minimum Volume
0.3 mL

Reject Due To

<table>
<thead>
<tr>
<th>Condition</th>
<th>Acceptance</th>
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</thead>
<tbody>
<tr>
<td>Gross hemolysis</td>
<td>OK</td>
</tr>
<tr>
<td>Gross lipemia</td>
<td>OK</td>
</tr>
<tr>
<td>Gross icterus</td>
<td>OK</td>
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</table>

Specimen Stability Information

<table>
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<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
<tr>
<td>Serum Red</td>
<td>Refrigerated (preferred)</td>
<td>30 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
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<tr>
<td></td>
<td>Ambient</td>
<td>7 days</td>
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Clinical and Interpretive

Clinical Information
Granulocyte antibodies are induced by pregnancy or prior transfusion and are associated with febrile, nonhemolytic
transfusion reactions. Patients who have been immunized by previous transfusions, pregnancies, or allografts frequently experience febrile, nonhemolytic transfusion reactions which must be distinguished from hemolysis before further transfusions can be safely administered. Granulocyte antibodies may also be present in autoimmune neutropenia.

Reference Values
Not applicable

Interpretation
A positive result in an individual being worked up for a febrile transfusion reaction indicates the need for leukocyte-poor (filtered) red blood cells.

This test cannot distinguish between allo- and autoantibodies

Cautions
Not useful for diagnosis of neutropenia caused by marrow suppression by drugs or tumors

Clinical Reference

Performance

Method Description
Purified granulocyte preparations from normal donors are incubated with patient's test serum and then with fluorescein-tagged antihuman globulin reagent. Sera containing the antibodies deposit immunoglobulin on the target cell membrane which is detected by the second stage antibody and visualized by fluorescence microscopy.(1)

PDF Report
No

Day(s) and Time(s) Test Performed
Tuesday, Wednesday, Friday; 7:30 a.m.-5 p.m.

Analytic Time
7 days

Maximum Laboratory Time
15 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 Definition: LAGGT
Granulocyte Ab, S

Test Classification
This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information
86021

LOINC® Information

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<td>Granulocyte Ab, S</td>
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