MAYO CLINIC LABORATORIES

Test Definition: SPAGR

Special Red Cell Antigen Typing, Whole Blood

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

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
DC3TR	Direct Antiglobulin Test (C3)	No	No
DIGTR	Direct Antiglobulin Test (IgG)	No	No
STTX32	Red Cell Antigen Typing	No	No
DATR	Direct Antiglobulin Tst (Poly)	No	No

Testing Algorithm

List the specific antigens desired on the order.
Note: Antigen typings that require the use of an anti-human globulin reagent (eg, Fya, Fyb, s) will include the addition of a direct antiglobulin test, which will be performed at an additional charge.
Examples of antigens routinely tested by the lab are listed below.
-Fya/Fyb
-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 (list antigen)

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:
Preferred: Pink top (EDTA)
Acceptable: Lavender top (EDTA)
Specimen Volume: 6 mL
Pediatric Volume: 3 mL Blood in pink-top or lavender-top (EDTA) tube
Collection Instructions: Send whole blood specimen in original tube. **Do not aliquot**.

Specimen Minimum Volume
See Specimen Required

Reject Due To

Gross hemolysis	OK

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Whole Blood EDTA	Refrigerated (preferred)	7 days	
	Ambient	72 hours	

Clinical & Interpretive

Clinical Information

The presence or absence of a cellular antigen is an inherited trait. Generally, 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
Cohn CS, Delaney M, Johnson ST, Katz LM, Schwartz J, eds. Technical Manual. 21st ed. AABB; 2023

Performance

Method Description
Hemagglutination; technique will vary according to reagent antisera source and specificity.(Cohn CS, Delaney M, Johnson ST, Katz LM, Schwartz J, eds. Technical Manual. 21st ed. AABB; 2023)

PDF Report
No

Day(s) Performed
Monday through Friday, Sunday

Report Available
1 to 5 days

Specimen Retention Time
14 days

Performing Laboratory Location
Mayo Clinic Laboratories - Rochester Main Campus

Fees & 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 account representative. For assistance, contact Customer Service.

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