



# Laboratory Service Manual

**Lab Dept:** Transfusion Services

**Test Name:** ABO/Rh

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## ***General Information***

**Lab Order Codes:** ABRH

**Synonyms:** ABO and Rh; Blood Group and Type; Blood Grouping and Rh Typing; Blood Type; Group and Rh; Type and Rh; Blood Group and Rh

**CPT Codes:** 86900 – ABO

86901 – Rh

**Test Includes:** ABO forward type and, if applicable, reverse type; Rh<sub>o</sub> (D) typing

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## ***Logistics***

**Test Indications:** Determine blood type prior to transfusion of FFP, platelets or cryoprecipitate; detect possible ABO hemolytic disease of the newborn; determine blood type for prospective directed donors.

**Lab Testing Sections:** Transfusion Services

### **Phone Numbers:**

Minneapolis: 612-813-6824

Saint Paul: 651-220-6558

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 30 minutes

**Special Instructions:** Rh typing can be ordered alone. RhD

ABO grouping can be ordered alone. ABOGR

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## ***Specimen***

**Specimen Type:** Whole blood

**Container:** Lavender top (EDTA) tube

Alternate: Red top tubes will be accepted, but will delay specimen processing to allow for clotting. **(SST tubes are Not acceptable.)**



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<b>Draw Volume:</b>	0.5 – 2.0 mL blood
<b>Collection:</b>	All specimens submitted to the Transfusion Service must be appropriately labeled at bedside with the time and date of collection, and the signature of the individual collecting the specimen. A completed order, either through the HIS or general requisition must accompany each specimen. It is not always necessary to collect a new sample prior to the provision of blood for patients. Consult with the Transfusions Service prior to collecting additional samples if status unknown.
<b>Special Processing:</b>	Lab Staff: Refrigerate specimen
<b>Patient Preparation:</b>	Refer to <a href="#">Collection of Patient Specimens</a> for full details. The patient must be positively identified when the specimen is collected. The label on the blood specimen must correspond with the identification on the patient's Medical Record band (or ED ID) and on the physician/practitioner's orders. The specimen must be timed, dated, and signed by the phlebotomist at the bedside.
<b>Sample Rejection:</b>	Gross hemolysis, sample placed in a serum separator tube, specimen tube not properly labeled

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## ***Interpretive***

<b>Critical Values:</b>	Any ABO discrepancy is routinely investigated by the Transfusion Service.
<b>Limitations:</b>	Abnormal plasma proteins, cold agglutinins, bone marrow transplant, recent transfusion, leukemia or malignancy, positive Direct Coombs test may interfere with typing. In an emergency, transfusion of large amounts of non-group specific plasma or packed red cells may interfere with interpretation of blood typing results. Certain antigens in the ABO system may not be fully developed in the neonate. Fetomaternal hemorrhage may interfere with interpretation as well.
<b>Methodology:</b>	Hemagglutination - tube
<b>Contraindications:</b>	Not appropriate pretransfusion testing for red cell products. See Crossmatch, Type and Screen, or Newborn Workup.
<b>References:</b>	N/A