



# Laboratory Service Manual

**Lab Dept:** Transfusion Services

**Test Name:** TYPE AND SCREEN

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## ***General Information***

**Lab Order Codes:** TYAS

**Synonyms:** T & S; Pretransfusion testing; ABO/Rh and Antibody Screen; Type and Antibody Screen

**CPT Codes:** 86900 – ABO  
86901 – Rh  
86850 – Antibody Screen  
86870 – Antibody Identification

**Test Includes:** ABO, Rh, and Antibody Screen. Antibody identification studies if indicated.

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## ***Logistics***

**Test Indications:** When a patient is undergoing a procedure or treatment in which transfusion is unlikely. Pretransfusion testing for infants 8 days to 4 months old.

**Lab Testing Sections:** Transfusion Service

### **Phone Numbers:**

Minneapolis: 612-813-6824

Saint Paul: 651-220-6558

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 1 hour; STAT – 45 minutes

**Special Instructions:** If transfusion becomes necessary, order Transfuse Red Cell Group or Transfuse (Less Than 4 Months Old) test indicating products and time needed. If the antibody screen is negative and hemorrhage occurs, the Transfusion Service may issue blood of the patient's type immediately, without awaiting the crossmatch. The crossmatch will be complete in 5 – 10 minutes. If an unexpected antibody is detected in the initial Antibody Screen, the patient's physician will be alerted to the situation beforehand.



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## ***Specimen***

**Specimen Type:** Whole blood

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

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

**Draw Volume:** 2 – 6 mL blood

**Collection:** All specimens submitted to the Transfusion Service must be appropriately labeled at the 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 Transfusion Service prior to collecting additional samples if the patient status is unknown.

**Special Processing:** Lab Staff: Refrigerate specimen

**Patient Preparation:** Refer to [Collection of Patient Specimens](#) 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 wrist or ankle 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.

**Sample Rejection:** Gross hemolysis, sample placed in a serum separator tube, specimen tube not properly labeled

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## ***Interpretive***

**Limitations:** N/A

**Methodology:** Hemagglutination-tube

**References:** Brecher M, Technical Manual, Current Edition, Bethesda MD, AABB

**Updates:** 2/18/2008: Stat turnaround time previously listed as 30 minutes. Time increased due to gel.