Lab Dept:	**Transfusion Services**
Test Name:	**PLATELET ANTIGEN GENOTYPING PANEL**

General Information

Lab Order Codes:	PAGT
Synonyms:	HPA1; HPA2; HPA3; HPA4; HPA5; HPA6; HPA9; HPA15; P1/ZW; Ko; Bak/Lek; Pen/Yuk; Br/Zav; Ca; Max; Gov
CPT Codes:	81400 – Molecular Pathology procedure, Level 1
Test Includes:	**Panel of antigens:** HPA1(P1/ZW), HPA2(Ko), HPA3(Bak/Lek), HPA4(Pen/Yuk), HPA5(Br/Zav), HPA6(Ca), HPA9(Max), HPA15(Gov)

Logistics

Test Indications:	Confirmation of antibody specificity in patient samples and identification of fetuses with incompatible platelet antigens. Immune-mediated platelet disorders such as Neonatal Alloimmune Thrombocytopenia (NAT), Post-Transfusion Purpura (PTP) and platelet transfusion refractoriness are associated with the development of platelet-specific antibodies. Also refer to Platelet Antibody.
Lab Testing Sections:	Transfusion Services - Sendouts
Referred to:	Mayo Medical Laboratories (Test# 90560) forward to the Blood Center of Wisconsin (Test# 5600)
Phone Numbers:	MIN Lab: 612-813-6820 STP Lab: 651-220-6550
Test Availability:	Daily, 24 hours
Turnaround Time:	7 – 10 days
Special Instructions:	N/A

Specimen

Specimen Type:	Whole blood, fetal/cord blood
Container:	Lavender top (EDTA) tube

Draw Volume:	5 – 10 mL (Minimum: 3 mL) blood 1 mL fetal/cord blood
Collection:	All specimens submitted must be appropriately labeled at the point of draw 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.
Special Processing:	Lab Staff: **Do Not** centrifuge. Specimen should remain in its original collection container. Store at room temperature. Ship at room temperature. Note: Order this test on the Mayo Access. Forward promptly.
Patient Preparation:	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 and on the physician's/practitioner's orders. If the patient is an outpatient, they must respond to their name and give their date of birth or be so identified by a parent or guardian.
Sample Rejection:	Gross hemolysis, sample placed in a serum separator tube, mislabeled or unlabeled specimen

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Interpretive

Reference Range:	An interpretive report will be sent.
Limitations:	New variant alleles that possess polymorphisms within the region targeted by the oligonucleotide primers may not be identified with these assays.
Methodology:	PCR – Hybridization Probes
References:	Mayo Medical Laboratories Web November 2010 The Blood Center of Wisconsin November 2010
Updates:	6/16/2004: Test moved from the North Central Blood Services to Mayo Medical Laboratories forward to The Blood Center of SE Wisconsin. Note change in reference range, method, antigens available. 5/18/2005: Updated CPT coding, method & possible antigens identified 11/17/2010: Updated CPT coding, test orderable 2/12/2013: CPT update