Lab Dept: Serology

Test Name: HLA FINAL CROSSMATCH, RECIPIENT

General Information

| Lab Order Codes: | FNLXM |
|-----------------------|--|
| Synonyms: | Final Crossmatch for Solid Organ Transplant (SOT), Transplant Recipient |
| CPT Codes: | 86825 – Human leukocyte antigen (HLA) crossmatch, non-cytotoxic; first serum sample or dilution |
| | Testing may vary based on findings. Additional CPT's may apply. |
| Test Includes: | Final crossmatch and PRA Single Antigen, IgG |
| Logistics | |
| Test Indications: | Testing used for Immunology Recipient |
| Lab Testing Sections: | Serology – Sendouts |
| Referred to: | Fairview University (FV Test: FNLXMR) |
| Phone Numbers: | MIN Lab: 612-813-6280 |
| | STP Lab: 651-220-6550 |
| Test Availability: | Daily, 24 hours |
| Turnaround Time: | 5 – 6 hours |
| Special Instructions: | Arrangements need to be made for immediate shipment to Fairview. Courier to UMMC-East ED, label with instruction to contact Immunology Lab Technologist on call. Please call the lab to notify of intention to collect. If no answer in HLA laboratory, contact UMMC-East operator at 612-273- 3000 to utilize on-call technologist (Job ID 0525), |
| Specimen | |
| Specimen Type: | Blood |

| Specifien Type. | Diood |
|-----------------|--|
| Container: | Red top (NO GEL) and Yellow (ACD Solution A or ACD Solution B) tubes |

| Draw Volume: | Optimal: 14 mL in Red (NO GEL) and 20 mL in Yellow (ACD Sol A, ACD Sol B) |
|---|---|
| | Minimum/Peds <8 yrs: 3 mL in Red (NO GEL) and 10 mL in Yellow (ACD Sol A, ACD Sol B) |
| | Call Fairview Immunology (612-273-3100) for additional minimum volume information. Use of minimum volumes is discouraged for any patient over 8 years old. |
| Processed Volume: | Specimen will be processed at reference lab, Fairview Immunology (UMMC-East Bank 1-139 PWB) |
| Collection: | Routine blood collection |
| Special Processing: | Lab Staff: DO NOT centrifuge. Specimen should remain in original collection container. Store and ship specimen at ambient temperature. Forward promptly. Arrange for testing and special courier at 612-273-3100. |
| Patient Preparation: | N/A |
| | |
| Sample Rejection: | Mislabeled or unlabeled specimens; clotted ACD specimens; gross hemolysis; immunosuppression drug interference |
| Sample Rejection: Interpretive | |
| | |
| Interpretive | hemolysis; immunosuppression drug interference |
| <i>Interpretive</i> Reference Range: | hemolysis; immunosuppression drug interference |
| <i>Interpretive</i> Reference Range: Critical Values: | hemolysis; immunosuppression drug interference |
| Interpretive Reference Range: Critical Values: Limitations: | hemolysis; immunosuppression drug interference |
| <i>Interpretive</i> Reference Range: Critical Values: Limitations: Methodology: | hemolysis; immunosuppression drug interference |