
Lab Dept: Transfusion Services

Test Name: TRANSFUSE (LESS THAN 4 MONTHS)

General Information

Lab Order Codes: UXM

Synonyms: Newborn Crossmatch

CPT Codes: Refer to Red Blood Cells, Leukocyte Reduced.

Test Includes: Preparation of Red Blood Cells for transfusion.

Logistics

Test Indications: Transfusion of Red Blood Cells in infants <4 months of age. Refer to [Guidelines for Transfusion](#) for indication for Leukocyte Reduced Red Blood cells.

Lab Testing Sections: Transfusion Service

Phone Numbers: MIN Lab: 612-813-6824

STP Lab: 651-220-6558

Test Availability: Daily, 24 hours

Turnaround Time: 30 minutes

Special Instructions: Indicate transfusion volume in amount requested. Required order details include: number of units (or mL's), special requests, time and date needed and transfusion indicator. See [Guidelines for the Transfusion of Blood Components](#).

Specimen

Specimen Type: None required if pretransfusion testing has been done on current admission.

Container: N/A

Draw Volume: N/A

Processed Volume: N/A

Collection: N/A

Special Processing: N/A

Patient Preparation: N/A

Sample Rejection: N/A

Interpretive

Reference Range: N/A

Critical Values: N/A

Limitations: Transfusion and tubing volumes ≤ 60 mL will be issued in pre-filtered syringes.

Volumes > 60 mL will be issued as partial or complete units and will require filtration at bedside.

Methodology: N/A

Contraindications: Inappropriate order for patients > 4 months old. A serologic crossmatch is required for all patients over 4 months of age.

References: Silva, M, Standards for Blood Banks and Transfusion Services, Current Edition, Bethesda, MD: AABB

Technical Manual, Current Edition, Bethesda MD: AABB