

Reporting Title: Fetomaternal Bleed,Flow Cytometry,B
Performing Location: Rochester

Ordering Guidance:

This test is for the detection of fetal bleed, it should not be used to detect the hereditary persistence of fetal hemoglobin (HPFH) or to detect fetal maternal hemorrhage in a mother with HPFH. For HPFH diagnosis, order HBEL1 / Hemoglobin Electrophoresis Evaluation, Blood.

[NY State Clients](#): testing is available; order FMBNY / Fetomaternal Bleed, New York, Blood.

Shipping Instructions:

Specimen must arrive within 5 days (preferably 24-72 hours) of collection.

Specimen Requirements:

Container/Tube: Lavender top (EDTA)

Specimen Volume: Full tube

Collection Instructions:

- 1. Do not centrifuge.
- 2. Invert several times to mix blood.
- 3. Send whole blood specimen in original tube. **Do not aliquot** as aliquoting into or out of a sample tube can adversely affect test results.

| Specimen Type | Temperature | Time | Special Container |
|------------------|--------------------------|--------|-------------------|
| Whole Blood EDTA | Refrigerated (preferred) | 5 days | |
| | Ambient | 5 days | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|----------------------|--------------|------|---------|
| 4058 | Remarks | Alphanumeric | | 48767-8 |
| 28202 | Fetal-Maternal Bleed | Alphanumeric | mL | 55730-6 |
| 28204 | Mother's Rh | Alphanumeric | Rh | 10331-7 |
| 28203 | Rh Immune Globulin | Alphanumeric | dose | 55731-4 |

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88184-Flow cytometry, cell surface, cytoplasmic

Reference Values:

< or =1.5 mL of fetal red blood cells in normal adults

