

## Overview

### Useful For

Additional proof of alloantibody specificity

This test is **not useful** for the purpose of establishing paternity

Determining possible antibody specificities in complex cases

### Reflex Tests

Test ID	Reporting Name	Available Separately	Always Performed
STTX32	Red Cell Antigen Typing	No	No

## Testing Algorithm

List the specific antigens desired on the order. Examples of antigens routinely tested by the lab are listed below.

C
c (little c)
E
e (little e)
K
Fya
Fyb
Jka
Jkb
M
N
S
s (little s)
Complete phenotype
(13 antigens listed above)
McLeod (K system antigens)
Other

## Method Name

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Hemagglutination

**NY State Available**

Yes

**Specimen****Specimen Type**

Whole Blood EDTA

**Shipping Instructions**

Specimen must arrive within 7 days of draw.

**Necessary Information**

The desired antigens to be tested must be included or testing will not proceed.

**Specimen Required**

**Container/Tube:** 6 mL pink (EDTA)

**Submission Container/Tube:** Original tube

**Collection Instructions:** Send specimen in original tube.

**Specimen Minimum Volume**

Pediatric: 3 mL blood in 6 mL (pink) EDTA tube

**Reject Due To**

Gross hemolysis	OK
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**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Whole Blood EDTA	Refrigerated (preferred)	7 days	
	Ambient	72 hours	

**Clinical and Interpretive****Clinical Information**

The presence or absence of a cellular antigen is an inherited trait. As a general rule, individuals will not make antibody directed against an antigen present on their own red blood cells.

**Reference Values**

Reported as positive or negative

**Interpretation**

[Each antigen typed will be listed by name, followed by "pos or +" indicating that the antigen is present, or by "neg or](#)

[-" indicating that the antigen is absent.](#)

## Clinical Reference

AABB Technical Manual. 19th edition. Edited by MK Fung, AF Eder, SL Spitalnik, CM Westhoff: AABB 2017

## Performance

### Method Description

Hemagglutination; technique will vary according to reagent antisera source and specificity.(AABB Technical Manual. 19th edition. Edited by MK Fung, AF Eder, SL Spitalnik, CM Westhoff: AABB 2017)

### PDF Report

No

### Day(s) Performed

Monday through Friday, Sunday

### Report Available

1 to 5 days

### Specimen Retention Time

14 days

### Performing Laboratory Location

Rochester

## Fees and Codes

### Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

### Test Classification

This test has been cleared, approved or is exempt by the U.S. Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

### CPT Code Information

86905-Each red cell antigen typing (if more than one ordered)

### LOINC® Information

Test ID	Test Order Name	Order LOINC Value
SPAGR	Special Red Cell Ag Typing	906-8

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Result ID	Test Result Name	Result LOINC Value
AGTR	Red Cell Antigen Typing	906-8
ATBTR	Antigen(s) to be tested?	33062-1