

Overview

Useful For

Additional proof of alloantibody specificity

Determining possible antibody specificities in complex cases

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

Reflex Tests

| Test Id | Reporting Name                 | Available Separately | Always Performed |
|---------|--------------------------------|----------------------|------------------|
| DC3TR   | Direct Antiglobulin Test (C3)  | No                   | No               |
| DIGTR   | Direct Antiglobulin Test (IgG) | No                   | No               |
| STTX32  | Red Cell Antigen Typing        | No                   | No               |
| DATR    | Direct Antiglobulin Tst (Poly) | No                   | No               |

Testing Algorithm

List the specific antigens desired on the order.

Note: Antigen typings that require the use of an anti-human globulin reagent (eg, Fya, Fyb, s) will include the addition of a direct antiglobulin test, which will be performed at an additional charge.

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

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:

Preferred: Pink top (EDTA)

Acceptable: Lavender top (EDTA)

Specimen Volume: 6 mL

Pediatric Volume: 3 mL blood in pink-top or lavender-top (EDTA) tube

Collection Instructions: Send whole blood specimen in original tube. Do not aliquot.

Specimen Minimum Volume

See Specimen Required

Reject Due To

|                 |    |
|-----------------|----|
| Gross hemolysis | OK |
|-----------------|----|

Specimen Stability Information

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

Clinical & 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

Fung MK, Eder AF, Spitalnik SL, Westhoff CM, eds: Technical Manual. 19th ed. AABB; 2017

Performance

Method Description

Hemagglutination; technique will vary according to reagent antisera source and specificity.(Fung MK, Eder AF, Spitalnik SL, Westhoff CM, eds: Technical Manual. 19th ed. 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 & 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 account representative. For assistance, contact [Customer Service](#).

Test Classification

This test has been cleared, approved, or is exempt by the US 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              |

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