

**Reporting Title:** ABORh, RBC**Performing Location:** Rochester**Specimen Requirements:**

Container/Tube: Pink top (EDTA)

Specimen Volume: 6 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. Do not aliquot.

**Specimen Minimum Volume:**

3 mL

| Specimen Type    | Temperature              | Time    | Special Container |
|------------------|--------------------------|---------|-------------------|
| Whole Blood EDTA | Refrigerated (preferred) | 10 days |                   |
|                  | Ambient                  | 4 days  |                   |

**Result Codes:**

| Result ID | Reporting Name | Type         | Unit | LOINC® |
|-----------|----------------|--------------|------|--------|
| ABOMR     | ABORh, RBC     | Alphanumeric |      | 882-1  |

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86900-ABO

86901-Rh

**Reflex Tests:**

| Test ID | Reporting Name                  | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---------|---------------------------------|-----------|----------|------------------|----------------------|
| ABIDR   | Antibody Identification, RBC    |           |          | No               | Yes                  |
| DCTR    | Direct Antiglobulin Test (Poly) |           |          | No               | Yes                  |
| SPAGR   | Special Red Cell Ag Typing      |           |          | No               | Yes                  |
| STTX32  | Red Cell Antigen Typing         |           |          | No               | No (Bill Only)       |
| DATR    | Direct Antiglobulin Tst (Poly)  |           |          | No               | No                   |
| STTX25  | Antibody Elution                |           |          | No               | No (Bill Only)       |
| STTX31  | Antibody Adsorption             |           |          | No               | No (Bill Only)       |
| STTX26  | Antibody Panel                  |           |          | Yes              | No (Bill Only)       |
| ABOPR   | ABORh Problem RBC               |           |          | No               | No                   |

**Result Codes for Reflex Tests:**

| Test ID | Result ID | Reporting Name                  | Type         | Unit | LOINC®  |
|---------|-----------|---------------------------------|--------------|------|---------|
| ABIDR   | ABDR1     | Antibody Identification, RBC    | Alphanumeric |      | 888-8   |
| DCTR    | DCTR      | Direct Antiglobulin Test (Poly) | Alphanumeric |      | 1007-4  |
| SPAGR   | AGTR      | Red Cell Antigen Typing         | Alphanumeric |      | 906-8   |
| SPAGR   | ATBTR     | Antigen(s) to be tested?        | Alphanumeric |      | 33062-1 |
| ABOPR   | ABOPR     | ABORh Problem RBC               | Alphanumeric |      | 882-1   |

**Reference Values:**

ABO and Rh blood group antigens identified