MAYO CLINIC LABORATORIES

Test Definition: ABONR

ABO/Rh Newborn, Blood

Reporting Title: Newborn ABORh
Performing Location: Rochester

Specimen Requirements:

Container/Tube: Pink top (EDTA Micro tube)
Specimen Volume: 0.5 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. Do not aliquot.

Specimen Minimum Volume:

See Specimen Required

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®
ABONR	Newborn ABORh	Alphanumeric		19057-9

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86900
86901

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)

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

Reference Values:

ABO and Rh blood group antigens identified