

Reporting Title: Fetomaternal Bleed, New York**Performing Location:** Rochester**Ordering Guidance:**

This test is only available for patients from New York State. For patients from other locations, order FMB / Fetomaternal Bleed, Flow Cytometry, Blood.

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.

Shipping Instructions:

Specimen must arrive within 5 days (preferably 24-72 hours) of collection. The New York State Department of Health recommends that samples are tested within 30 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 specimen in original tube. Do not aliquot as aliquoting into or out of a sample tube can adversely affect test results.

Specimen Minimum Volume:

1 mL

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®
28204	Mother's Rh Also used by tests: FMB	Alphanumeric	Rh	10331-7

Result ID	Reporting Name	Type	Unit	LOINC®
28202	Fetal-Maternal Bleed Also used by tests: FMB	Alphanumeric	mL	55730-6
28203	Rh Immune Globulin Also used by tests: FMB	Alphanumeric	dose	55731-4
28246	Remarks	Alphanumeric		48767-8

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