

Reporting Title: Fetomaternal Bleed,Flow Cytometry,B**Performing Location:** Rochester**Ordering Guidance:**

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.

NY State Clients: testing is available; order FMBNY / Fetomaternal Bleed, New York, Blood.

Shipping Instructions:

Specimen must arrive within 5 days (preferably 24-72 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 whole blood 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: FMBNY	Alphanumeric	Rh	10331-7

Result ID	Reporting Name	Type	Unit	LOINC®
28202	Fetal-Maternal Bleed Also used by tests: FMBNY	Alphanumeric	mL	55730-6
28203	Rh Immune Globulin Also used by tests: FMBNY	Alphanumeric	dose	55731-4
4058	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