ABORh Newborn

Order Name: **ABORHN**
Test Number: 7301020
Revision Date: 04/06/2018

TEST NAME	METHODOLOGY	LOINC CODE
Anti-A	Hemagglutination	817-7
Anti-B	Hemagglutination	913-4
Anti-A,B	Hemagglutination	
Anti-D	Hemagglutination	975-3
Weak D	Hemagglutination	972-0
ABO Rh Interpretation	Hemagglutination	44086-7

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**2 mL (1)**	**Cord Blood**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Room Temperature**
Alternate 1	**2 mL (1)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Room Temperature**
Instructions	Stability: Room Temperature 24hrs, Refrigerated 72hrs, Frozen Not Acceptable.			

GENERAL INFORMATION

Testing Schedule	Daily
Expected TAT	1 day
Clinical Use	Used to determine the patient's blood type
Notes	For forward blood typing in patients less than 4 months old. Weak D testing will be done only if needed for mother's RhIG candidacy.
CPT Code(s)	86900, 86091
Lab Section	Blood Bank