
LAB ALERT – NEW TEST**NOTIFICATION DATE: 12/18/2013**
EFFECTIVE DATE: 12/19/2013**ABO GROUP AND RH TYPE****NEW TEST CODE:** ABO**NEW INTERFACE CODE:** 1004494**OLD TEST CODES TO BE DEACTIVATED:** ABORHP**OLD INTERFACE CODE TO BE DEACTIVATED:** 1003219**METHODOLOGY:** Manual Tube Method

CLINICAL UTILITY: Hemolytic disease of the fetus and newborn (HDFN) is a condition in which transplacental passage of maternal antibodies results in immune hemolysis of fetal/neonatal red cells. The implicated antibodies could be naturally occurring (anti A, anti B) or immune antibodies which develop following a sensitizing event like transfusion or pregnancy. The hemolytic process may result in anemia or hyperbilirubinemia or both; thereby affecting fetal/neonatal morbidity and mortality.

Before the discovery of RhoGAM, HDFN due to anti D was a significant cause of perinatal mortality. Administration of RhoGAM to Rh (D) negative women during pregnancy and shortly after the birth of D positive infants has reduced the incidence of Rh D hemolytic disease. ABO incompatibility is now the single largest cause of HDFN in the western world. Timely detection and close follow up of this condition is necessary to reduce harmful effects on the newborn.

PERFORMED: Monday - Friday; must be received by 12:00PM for same day testing**COLLECTION:** Lavender top tube (EDTA) and plain red top tube

SPECIMEN PREPARATION: Transport both tubes uncentrifuged (lavender: 7 mL; Min. 3 mL).

STABILITY (FROM COLLECTION TO INITIATION OF TESTING): Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

TRANSPORT: Refrigerated

REFERENCE RANGE: ABO Typing: A, B, AB, O
Rh Typing: Rh positive/Rh negative

RESULTS REPORTED: 1-4 days

CPT CODE(S): 86900, 86901

PERFORMING LAB: ClearPoint Diagnostic Laboratories

ORDER/CONTACT INFORMATION: Thomas P. Lohmann, Chief Medical Officer, 972-966-7135, or
ClearPoint Client Services: 972-966-7700/Fax: 972-966-7799



Thomas P. Lohmann, MD
Chief Medical Officer