ARUP LABORATORIES | A nonprofit enterprise of the University of Utah and its Department of Pathology

Effective Date: August 21, 2023

TEST CHANGE

Fetal Hemoglobin Determination for Fetomaternal Hemorrhage

2001743, FHGB

Specimen Requirements:	
Patient Preparation:	Maternal, pregnant or postpartum~~post-partum~~ whole blood.
Collect:	Lavender (EDTA) or pink (K2EDTA). New York State Clients: Lavender (EDTA). Collect and ship Monday-Thursday only. Ship same day as collection.
Specimen Preparation:	Transport 5 mL whole blood. (Min: 0.5 mL) New York State Clients: Transport 5 mL whole blood. (Min: 1 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Clotted or hemolyzed specimens. Refrigerated specimens greater than 120 hours (5 days) old; Ambient specimens greater than 12 hours old. Specimens from males or nonpregnant~~non-pregnant~~ females.
Remarks:	
Stability:	Ambient: 12 hours; Refrigerated: 120 (5 days) hours; Frozen: Unacceptable
Methodology:	Quantitative Flow Cytometry
Performed:	Sun-Sat
Reported:	1-2 days
Note:	This test should only be used to detect and quantify the extent of fetomaternal hemorrhage, in pregnant or postpartum~~post-partum~~ women who need to be assessed for Rh immune globulin (e.g. RhoGAM(R)) or fetal-maternal bleeds. For routine fetal hemoglobin (Hb F) testing, please order Hemoglobin Evaluation with Reflex to Electrophoresis and/or RBC Solubility (0050610).
CPT Codes:	86356
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.
Interpretive Data:	

~~The performance characteristics of this test were determined by ARUP Laboratories, Inc.~~

~~This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.~~

Result	Interpretation
% Fetal RBCs	The fetal RBC percentage is directly measured by flow cytometry and gives the percentage of fetal RBCs in the maternal circulation resulting from recent fetal-maternal hemorrhage. Post-partum, some fetal cells are expected (0.04% plus or minus 0.024%, mean plus or minus SD). For accurate calculation of RhIG dosage that includes maternal height and weight, please refer to the most recent AABB Technical Manual.

Reference Interval:

0.000-0.124%~~By report~~

Inserted Cells