

TEST CHANGE

Red Blood Cell Antigen Genotyping

3001053, RBC GENO

Specimen Requirements:

Patient Preparation:

Collect:

Lavender (EDTA), Pink (K2EDTA), or Yellow (ACD Solution A or B).

~~Fetal genotyping: Amniotic fluid OR Cultured amniocytes: Two T-25 flasks at 80 percent confluency. If the client is unable to culture, order test Cytogenetics Grow and Send (ARUP test code 0040182) in addition to this test and ARUP will culture upon receipt (culturing fees will apply). If you have any questions, contact ARUP's Genetics Processing at 800-522-2787 ext. 3301. WITH maternal cell contamination specimen: Lavender (K2EDTA), Pink (K2EDTA), or Yellow (ACD Solution A or B). OR Genotyping: Lavender (K2EDTA), Pink (K2EDTA)~~

Specimen Preparation:

Genotyping: Transport 3 mL whole blood. (Min: 1 mL)
~~Genotyping: Transport 3 mL whole blood. (Min: 1 mL) Amniotic fluid: Transport 10 mL amniotic fluid in a sterile container. (Min: 5 mL) Cultured amniocytes: Transport two T-25 flasks at 80 percent confluency filled with culture media. Backup cultures must be retained at the client's institution until testing is complete. Maternal cell contamination specimen: Transport 3 mL whole blood (Min: 1 mL)~~

Transport Temperature:

Whole blood: Refrigerated
~~Cultured amniocytes: CRITICAL ROOM TEMPERATURE. Must be received within 48 hours of shipment due to lability of cells. Whole blood or maternal cell contamination specimen: Refrigerated.~~

Unacceptable Conditions:

Plasma or serum; collection of specimens in sodium heparin tubes. Frozen specimens in glass collection tubes.

Remarks:

~~Maternal specimen is recommended for proper test interpretation if contamination of the fetal specimen from the mother is suspected. Order Maternal Cell Contamination.~~

Stability:

Whole blood ~~or maternal cell contamination~~ specimen:
 Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month.
 Fetal specimens: Ambient: 48 hours; Refrigerated:
 Unacceptable; Frozen: Unacceptable

Methodology:

Polymerase Chain Reaction (PCR) / Fluorescence Monitoring

Performed: Varies

Reported: 3-10 days

Note:

CPT Codes: 0001U

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Refer to report.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Reference Interval:
