
3001053 Red Blood Cell Antigen Genotyping RBC GENO

Performed: *Varies*
Reported: 3-10 days

Specimen Required: Collect: **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)
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)
Storage/Transport Temperature: **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.
Remarks: **Maternal specimen is recommended for proper test interpretation if contamination of the fetal specimen from the mother is suspected. Order Maternal Cell Contamination.**
Unacceptable Conditions: Plasma or serum; collection of specimens in sodium heparin tubes. Frozen specimens in glass collection tubes.
Stability (collection to initiation of testing): **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

Interpretive Data:

Refer to report

For quality assurance purposes, ARUP Laboratories will confirm the above result at no charge following delivery. Order Confirmation of Fetal Testing and include a copy of the original fetal report (or the mother's name and date of birth) with the test submission. Please contact an ARUP genetic counselor at (800) 242-2787 extension 2141 prior to specimen submission.

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