

Effective Date: January 21, 2025

TEST CHANGE

Red Blood Cell Antigen Genotyping, Fetal 3016639, BBCGENO FF

3016639, RBCGENO FE	
Specimen Requirements:	
Patient Preparation:	
Collect:	Amniotic fluid OR cultured amniocytes OR cultured CVS: Two T-25 flasks at 80 percent confluency. AND maternal whole blood-for maternal cell contamination: lavender (K2 or K3EDTAK2EDTA), pink (K2EDTA), or yellow (ACD solution A or B). 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.
Specimen Preparation:	Amniotic fluid: Transport 10 mL amniotic fluid in a sterile container. (Min: 5 mL) OR cultured amniocytes OR cultured CVS: Fill flasks with culture media. Backup cultures must be retained at the client's institution until testing is complete. AND Maternal whole Whole blood for maternal cell contamination: Transport 23 mL whole blood (mMin: 1 mL).)
Transport Temperature:	Amniotic fluid, cultured amniocytes or cultured CVS: CRITICAL TEMPERATURE. Must be received within 48 hours of shipment due to lability of cells. Maternal whole Whole blood: room temperature for maternal cell contamination: Refrigerated.
Unacceptable Conditions:	Frozen specimens in glass collection tubes.
Remarks:	The Patient History Form is available on the ARUP website or by contacting ARUP Client Services.
Stability:	Fetal specimens: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Unacceptable Maternal whole Whole blood for maternal cell contamination: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable 1 month.
Methodology:	Polymerase Chain Reaction (PCR)/Fluorescence Monitoring/Fragment Analysis
Performed:	Varies
Reported:	3-10 days
Note:	

CPT Codes:	0001U; 81265 Fetal Cell Contamination (FCC)
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Refer to report	
Reference Interval:	

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