

Edmonton Diagnostic Services Perinatal Testing Services

Maternal Testing (ABO/RhD Typing/Antibody Screen/Antibody ID) AB_PN-01

TEST DESCRIPTION

Testing includes the determination of patient's ABO group, RhD type, and a screen for the detection of atypical antibodies. Additional testing for red cell antibody identification is performed when atypical antibodies are detected. If the antibody is clinically significant, a titration is done. Rh Immune Globulin (RhIG) treatment recommendations are provided.

Testing Schedule

- Rh unknown patients: For patient's first pregnancy, order testing at initial visit and at 26-28 weeks.
- · Known Rh positive patients: Order testing at initial visit.
- Known Rh negative patients: Order testing at initial visit, 26-28 weeks.
- Clinically significant antibody detected: Order testing at initial visit and monthly during 1st and 2nd trimester, every two
 weeks during 3rd trimester.

IMPORTANT

For Rh negative patients, the initial and 26-28 week sample must be collected BEFORE RhIG administration.

SPECIMEN AND REQUISITION REQUIREMENTS

Specimen(s)

- CBS Mother Initial ABO/RH and Antibody Screen One (1) 6 ml EDTA (lavender) tube.
- CBS Mother 26 Week Follow-up ABO/RH and Antibody Screen One (1) 6 ml EDTA (lavender) tube.
- CBS Mother Antibody Follow-up and ID Two (2) 6 ml EDTA (lavender) tubes. Additional tubes may be required for complex investigations as indicated on the prenatal result report.
- Label specimen with the required minimum information: patient's last name, first name, PHN or Unique Lifetime Identifier (ULI) and date of collection.

Complete Requisition (must include).

- · Patient's Last name, First name, PHN or ULI and Date of Birth
- Expected date of delivery (EDD)
- Clinic and Health Care Provider Name. Complete address, phone and fax number
- Phlebotomist ID information
- · Date of collection

Requisition(s)

Perinatal Testing For Red Blood Cell Serology F801338 (use most current version)

PRE-SHIPPING STORAGE

Recommended Refrigeration 1-10°C



Edmonton Diagnostic Services Perinatal Testing Services

Maternal Testing (ABO/RhD Typing/Antibody Screen/Antibody ID) AB_PN-01

SHIPPING INSTRUCTIONS

Submit samples as soon as possible after collection.

Shipping

- Ship in a container that will maintain temperature at ≥1°C.
- Select shipping method for container to arrive at testing site within 48 hours.

Note: Protect from freezing.

SEND TO

Canadian Blood Services Edmonton Centre 8249 114 St NW Edmonton, AB T6G 2R8

Attention: Diagnostic Services Perinatal Laboratory

Tel: 780-431-8759 Fax: 780-431-8747