

Overview

Useful For

Additional proof of alloantibody specificity

Determining possible antibody specificities in complex cases

This test is **not useful** for the purpose of establishing paternity

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
DC3TR	Direct Antiglobulin Test (C3)	No	No
DIGTR	Direct Antiglobulin Test (IgG)	No	No
STTX32	Red Cell Antigen Typing	No	No
DATR	Direct Antiglobulin Tst (Poly)	No	No

Testing Algorithm

List the specific antigens desired on the order.

Note: Antigen typings that require the use of an anti-human globulin reagent (eg, Fya, Fyb, s) will include the addition of a direct antiglobulin test, which will be performed at an additional charge.

Examples of antigens routinely tested by the lab are listed below.

- Fya/Fyb
- C
- c (little c)
- E
- e (little e)
- K
- Fya
- Fyb
- Jka
- Jkb
- M
- N
- S
- s (little s)
- Complete phenotype (13 antigens listed above)
- McLeod (K system antigens)
- Other

Method Name

Hemagglutination

NY State Available

Yes

Specimen

Specimen Type

Whole Blood EDTA

Shipping Instructions

Specimen must arrive within 7 days of draw.

Necessary Information

The desired antigens to be tested must be included or testing will not proceed.

Specimen Required

Container/Tube:

Preferred: Pink top (EDTA)

Acceptable: Lavender top (EDTA)

Specimen Volume: 6 mL

Pediatric Volume: 3 mL blood in pink-top or lavender-top (EDTA) tube

Collection Instructions: Send whole blood specimen in original tube. **Do not aliquot.**

Specimen Minimum Volume

See Specimen Required

Reject Due To

Gross hemolysis	OK
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Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Whole Blood EDTA	Ambient	72 hours	
	Refrigerated (preferred)	7 days	

Clinical & Interpretive

Clinical Information

The presence or absence of a cellular antigen is an inherited trait. As a general rule, individuals will not make antibody directed against an antigen present on their own red blood cells.

Reference Values

Reported as positive or negative

Interpretation

[Each antigen typed will be listed by name, followed by "pos or +" indicating that the antigen is present, or by "neg or -" indicating that the antigen is absent.](#)

Clinical Reference

Fung MK, Eder AF, Spitalnik SL, Westhoff CM, eds: Technical Manual. 19th ed. AABB; 2017

Performance**Method Description**

Hemagglutination; technique will vary according to reagent antisera source and specificity.(Fung MK, Eder AF, Spitalnik SL, Westhoff CM, eds: Technical Manual. 19th ed. AABB; 2017)

PDF Report

No

Day(s) Performed

Monday through Friday, Sunday

Report Available

1 to 5 days

Specimen Retention Time

14 days

Performing Laboratory Location

Rochester

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per

manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information

86905-Each red cell antigen typing (if more than one ordered)

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
SPAGR	Special Red Cell Ag Typing	906-8

Result ID	Test Result Name	Result LOINC® Value
AGTR	Red Cell Antigen Typing	906-8
ATBTR	Antigen(s) to be tested?	33062-1