

Overview

Useful For

Additional proof of alloantibody specificity

Assessment of solid organ transplantation donor compatibility

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

Method Name

Hemagglutination

NY State Available

Yes

Specimen

Specimen Type

Whole Blood EDTA

Shipping Instructions

Specimen must arrive within 7 days of collection

Specimen Required

Container/Tube: Pink top (EDTA)

Specimen Volume: 6 mL

Pediatric Volume: 2 mL blood in 6 mL pink-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 |
|-----------------|----|

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|------------------|--------------------------|--------|-------------------|
| Whole Blood EDTA | Refrigerated (preferred) | 7 days | |

| | | | |
|--|---------|----------|--|
| | Ambient | 72 hours | |
|--|---------|----------|--|

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 Negative or Positive

Interpretation

The A1 antigen type will be resulted as "pos," indicating that the antigen is present, or "neg," indicating that the antigen is absent.

Cautions

No significant cautionary statements

Clinical Reference

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

Performance

Method Description

Agglutination of red blood cells with an antiserum represents the presence of the corresponding antigen in the red blood cells.(MK, Eder AF, Spitalnik SL, Westhoff CM: 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

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|--------------------|--------------------|
| A1R | A1 antigen subtype | 844-1 |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|--------------------|---------------------|
| A1R | A1 antigen subtype | 844-1 |