

## Overview

### Useful For

Determining blood group ABO and Rh only

### Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
ABIDR	Antibody Identification, RBC	Yes	No
ABOPR	ABORh Problem RBC	No	No

### Testing Algorithm

Includes identification of ABO and Rh blood group antigens. If indicated, antibody identification will be performed. If ABO/Rh discrepancy is detected, the ABO/Rh problem test may be ordered to result the final ABO/Rh interpretation.

### Method Name

Hemagglutination

### NY State Available

No

## Specimen

### Specimen Type

Whole Blood EDTA

### Specimen Required

**Container/Tube:** Pink top (EDTA)

**Specimen Volume:** 6 mL

**Collection Instructions:**

1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. **Do not aliquot.**

### Specimen Minimum Volume

3 mL

### Reject Due To

Gross hemolysis	Reject
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**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Whole Blood EDTA	Refrigerated (preferred)	10 days	
	Ambient	4 days	

**Clinical & Interpretive****Clinical Information**

This ABO and Rh blood typing test identifies the presence of specific red cell antigens and antibodies to determine the ABO/Rh type.

**Reference Values**

ABO and Rh blood group antigens identified

**Interpretation**

Standard ABO/Rh type will be reported. Routine types include: O pos, O neg, A pos, A neg, B pos, B neg, AB pos and AB neg. Any relevant discrepancies will be noted.

**Cautions**

Clinical evaluation of antibodies identified is necessary to determine their potential for harm to the patient at this time and to assess appropriate action to be taken in the future.

**Clinical Reference**

Cohn CS, Delaney DO, Johnson ST, Katz LM, Schwartz J, eds. Technical Manual. 21st ed. AABB; 2023

**Performance****Method Description**

Agglutination of patient red cells with an antiserum represents the presence of the corresponding antigen on the red cells. Agglutination of patient plasma with reagent red blood cells represents the presence of the corresponding antibodies. (Cohn CS, Delaney DO, Johnson ST, Katz LM, Schwartz J, eds. Technical Manual. 21st ed. AABB; 2023)

**PDF Report**

No

**Day(s) Performed**

Monday through Sunday

**Report Available**

Same day/1 to 2 days

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**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**

86900-ABO

86901-Rh

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
ABOMR	ABORh, RBC	882-1

Result ID	Test Result Name	Result LOINC® Value
ABOMR	ABORh, RBC	882-1