



Edmonton Diagnostic Services Perinatal Testing Services

Fetal Genotyping from Amniotic Fluid Instructions

AB_PN-09

TEST DESCRIPTION

Blood group genotyping of fetal DNA is performed to predict the blood group antigen status of the fetus at high risk for Hemolytic Disease of the Fetus and Newborn (HDFN). Amniotic fluid and chorionic villus biopsy samples containing fetal DNA can be tested for RhD, RhC/c, RhE/e, Kell (K,k), Kidd (Jka, Jkb), Duffy (Fya, Fyb, Fynull), M/N and S/s blood group antigens.

SPECIMEN AND REQUISITION REQUIREMENTS

Specimen(s)

- Certain test criteria must be met prior to testing. Canadian Blood Services Laboratory Supervisor must be contacted prior to patient sample collection. Refer to **Fetal Genotyping on Amniotic Fluid Testing Criteria and Collection Instructions**
- 7 - 15 ml of amniotic fluid or
- 2 x 10⁶ cultured amniocytes
- One (1) 4 - 6 ml EDTA (lavender) tube, mixed thoroughly by gentle agitation is also required to rule out maternal contamination in the amniotic sample.
- 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, date of birth and PHN or ULI
- Clinic and Health Care Provider name, and complete address, phone, and fax number
- Phlebotomist ID information
- Date of collection

Requisition(s)/Information

- *Versiti Wisconsin Immunohematology Reference Lab Requisition*
- *Perinatal Testing For Red Blood Cell Serology*
- *Fetal Genotyping on Amniotic Fluid Testing Criteria and Collection*

PRE-SHIPPING STORAGE

Must be kept at room temperature (18-30°C)

SHIPPING INSTRUCTIONS

For shipping instructions refer to
Fetal Genotyping on Amniotic Fluid Testing Criteria and Collection

SEND TO

Canadian Blood Services
Edmonton Centre
8249 114 St NW
Edmonton, AB T6G 2R8
Attention: Diagnostic Services Perinatal Laboratory
Tel: 780-431-8765
Fax: 780-431-8747