



# Edmonton Diagnostic Services Immunoematology Referral Testing Services

## RHD Genotyping AB\_REF-08

### TEST DESCRIPTION

This is a PCR-based assay for the identification of many clinically significant RHD variants (alleles) responsible for normal and altered/absent expressions of the RhD human red cell antigen. This test is used to provide the predicted RhD status of a patient when it cannot be determined due to discrepant, weak or inconclusive serological RhD testing.

### SPECIMEN AND REQUISITION REQUIREMENTS

#### Specimen(s)

- Minimum of one (1) 2-6 ml EDTA (lavender) tubes, mixed thoroughly by gentle agitation.
- 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
- Facility name, complete address, phone and fax number
- Phlebotomist ID information
- Date of collection

#### Requisition(s)

- *Request for RHD Genotyping Requisition\_AB*
- *Demande de Genotypage RhD\_AB*

### PRE-SHIPPING STORAGE

Recommended Refrigeration 1-10°C.

### SHIPPING INSTRUCTIONS

Submit samples as soon as possible after collection.

#### Shipping

- Ship in a container that will maintain temperature at  $\geq 1^{\circ}\text{C}$ .
- Select shipping method for container to arrive at testing site within 48 hours.
- Sample must arrive at testing site within 14 days of sample collection.

**Note:** *Protect from freezing.*

### SEND TO

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