



Vancouver Diagnostic Services Perinatal Testing Services

ABO RH Typing / Antibody Screen “Fertility” Testing BC_PN-03

TEST DESCRIPTION

Testing includes the determination of patient's ABO group, RhD type, and a screen for the detection of atypical antibodies. Additional testing for red cell antibody identification is performed when atypical antibodies are detected.

SPECIMEN AND REQUISITION REQUIREMENTS

Specimen(s)

- One (1) 6-7 ml EDTA (lavender) tube, mixed thoroughly by gentle agitation.
- Label specimen with the required minimum information: patient's last name, first name, PHN or unique identifier and date of collection.

Complete Requisition (must include)

- Patient's last name, first name, date of birth and PHN or unique identifier
- Clinic and Health Care Provider name, complete address, phone and fax number
- Phlebotomist ID information
- Date of collection

Requisition(s)

- *Perinatal Screen Request Requisition_BC*

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.

Note: *Protect from freezing.*

SEND TO

Canadian Blood Services
BC & Yukon Centre
Diagnostic Services Laboratory
4750 Oak Street
Vancouver, BC V6H 2N9
Tel: 604-707-3434
Fax: 604-874-6582