



## Winnipeg Diagnostic Services Perinatal Testing Services

### Maternal Routine Testing (ABO/Rh Typing/Antibody Screen)

MB\_PN-01

#### 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. If the antibody is clinically significant, a titration is done. Rh Immune Globulin (RhIG) treatment recommendations are provided.

#### Testing Schedule

- Rh unknown patients: For patient's first pregnancy, order testing at initial visit and at 26-28 weeks.
- Known Rh positive patients: Order testing at initial visit.
- Known Rh negative patients: Order testing at initial visit, 26-28 weeks, and postpartum.

#### IMPORTANT

For Rh negative patients, the 26-28 week sample must be collected prior to RhIG administration.

#### SPECIMEN AND REQUISITION REQUIREMENTS

##### Specimen(s)

- Two (2) full 5-7 ml EDTA (lavender) tubes mixed thoroughly by gentle agitation.
- Label specimen with the required minimum information: patient's last name, first name, PHIN or hospital number or other unique identifier, date of collection, facility name, and phlebotomist initials.

##### Complete Requisition (must include)

- Patient's last name, first name, date of birth and PHIN or hospital number or other unique identifier
- Expected date of delivery (EDD)
- Facility Name
- Physician/Health Care Provider name
- Phlebotomist name, classification, initial
- Date/time of collection
- Name, facility, address, contact number of individual to whom the report will be sent

##### Requisition(s)

- *Request for Perinatal Testing Requisition\_MB*

#### 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.



**Canadian  
Blood  
Services**

BLOOD  
PLASMA  
STEM CELLS  
ORGANS  
& TISSUES

## **Winnipeg Diagnostic Services Perinatal Testing Services**

### **Maternal Routine Testing (ABO/Rh Typing/Antibody Screen)**

**MB\_PN-01**

#### **SEND TO**

Canadian Blood Services  
Winnipeg Centre  
Perinatal Laboratory  
777 William Ave.  
Winnipeg, MB R3E 3R4  
Tel: 204-789-1088  
Fax: 204-789-1006