



## Winnipeg Diagnostic Services Perinatal Testing Services

### Cord / Neonate Testing (ABO/Rh/DAT - HDFN Investigation)

MB\_PN-04

#### TEST DESCRIPTION

Testing includes ABO and RhD blood group.

Direct Antiglobulin Test (DAT) is performed. The test will demonstrate the in-vivo coating of red cells with antibody. A positive DAT is a critical result and is telephoned and faxed to the primary care giver.

Phenotyping is performed for the corresponding antigen when mother has clinically significant antibody (ies).

Rh Immune Globulin (RhIG) treatment recommendations are made as applicable.

#### SPECIMEN AND REQUISITION REQUIREMENTS

##### Specimen(s)

- **Cord:** One (1) full 5-7 ml EDTA (lavender) tube mixed thoroughly by gentle agitation.
- **Neonate:** 1ml EDTA tube or 1 microtainer EDTA tube with minimum volume 250 microlitres, mixed thoroughly by gentle agitation.
- Label cord specimen(s) with the required minimum information: mother's last name, first name, PHIN or hospital number or other unique identifier, date of collection, facility name, and phlebotomist initials.
- Label neonate 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)

Cord sample:

- Mother's last name, first name, date of birth and PHIN or hospital number or other unique identifier
- 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

Neonate sample:

- Patient's last name, first name, date of birth and PHIN or hospital number or other unique identifier
- 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
- Mother's last name, first name, date of birth, PHIN, hospital number

##### Requisition(s)

- *Request for Cord – Neonate Blood Testing Requisition\_MB*

#### PRE-SHIPING STORAGE

Recommended Refrigeration 1-10°C



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