

Winnipeg Diagnostic Services Immunohematology Referral Testing Services

Isohemagglutinin Titre MB_REF-06

TEST DESCRIPTION

The titration of Anti-A and Anti-B isoagglutinins is performed as a screening test primarily to monitor engraftment in post hematopoietic stem cell transplant (HSCT) patients.

SPECIMEN AND REQUISITION REQUIREMENTS

Specimen(s)

- Adults and Children: One (1) full 5-7 ml EDTA (lavender) tube mixed thoroughly by gentle agitation.
- Infants: 1ml EDTA (lavender) tube 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
- · Clinic / 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 Miscellaneous-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 ≥1°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
Diagnostic Services Laboratory
777 William Ave.
Winnipeg, MB R3E 3R4

Tel: 204-789-1085 Fax: 204-779-8593