## Diagnostic Services, AB/NWT REFERENCE TEST REQUEST/SAMPLE REQUIREMENTS

INLILINE	<u> </u>	EST/SAIVIPLE REQUIREIVIENTS
TEST	SAMPLE REQUIREMENTS	FORM/COMMENTS
Group Discrepancy Resolution	EDTA 2X 7mL	Requisition: Serological Investigation –Referral Requisition
Red Blood Cell Antibody	EDTA 2X 7mL	Requisition: Serological Investigation –Referral Requisition
Investigation		Referring hospital is responsible for compatibility testing
Resolution of Positive Direct Antiglobulin Test	EDTA 2X 7mL	Requisition: Serological Investigation –Referral Requisition
Investigation of Hemolytic Disease of Fetus and	Mother: EDTA 1X 7mL	Requisition: Serological Investigation –Referral Requisition
Newborn (HDFN)	Cord: Red Top 1X 7mL or heel prick	
Fetal Bleed Screening of Rh Negative	EDTA 1 X 7mL	Requisition: Serological Investigation –Referral Requisition
Women		•Test mother following birth or miscarriage if mother is Rh negative and Baby is Rh positive or unknown.
		•Collect sample as soon as possible after birth or miscarriage (samples > two days old require a Kleihauer Betke test)
Fetal Genotyping on	Mother: EDTA	See Fetal Genotyping on Maternal Blood Testing Criteria
Maternal Blood	3X 7mL	and Collection Instructions
	Father: EDTA 1X 7mL	Consent for Release of Neonatal Test Results
	Keep specimens at room	Requisition: International Blood Group Reference Laboratory (IBGRL)
	temperature	Requisition: Perinatal Follow-up Testing for Red Blood Cell Serology
Fetal Genotyping on Amniotic Fluid	Mother: EDTA 1X 7mL	See Fetal Genotyping on Amniotic Fluid Testing Criteria and Collection Instructions
	7-15mL of amniotic fluid in sterile container	Requisition: Blood Center of Wisconsin Molecular Diagnostic Lab
	Keep specimens at room temperature	Requisition: Perinatal Follow-up Testing for Red Blood Cell Serology
RHD Genotyping	EDTA 1X7mL	Requisition: Request for RHD Genotyping
	Must be received within 14 days of collection	