



## Edmonton Diagnostic Services Immunohematology Referral Testing Services

### Discrepancy Resolution (ABO, Rh, Other Major Blood Groups)

AB\_REF-02

#### TEST DESCRIPTION

Phenotype (antigen) testing of the patient's red cells is performed to resolve variant or discordant results. Testing with antisera from different licensed commercial companies is performed.

**Note:** This testing should not be ordered on patients who have been recently transfused (within 120 days) or have had a bone marrow or stem cell transplant.

#### SPECIMEN AND REQUISITION REQUIREMENTS

##### Specimen(s)

- Minimum of two (2) 4 - 6 ml EDTA (lavender) tubes, unless pediatric patient, mixed thoroughly by gentle agitation.
- Label specimen with the required minimum information: patient's last name, first name, PHN or Unique Lifetime Identifier (ULI) and date of collection.

##### Complete Requisition (must include)

- Patient's last name, first name, date of birth and PHN or ULI
- Facility name, complete address, phone and fax number
- Phlebotomist ID information
- Date of collection

##### Requisition(s)

- Request for Serological Investigation Requisition\_AB

#### PRE-SHIPING 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  
Edmonton Centre  
8249 114 St NW  
Edmonton, AB T6G 2R8  
Attention: Diagnostic Services Laboratory  
Tel: 780-431-8765  
Fax: 780-431-8747