

## Fetal Bleed Screen

Order Name: **FETL BL SC**  
 Test Number: 7107700  
 Revision Date: 07/11/2017

| TEST NAME          | METHODOLOGY      | LOINC CODE |
|--------------------|------------------|------------|
| Fetal Bleed Screen | Hemagglutination | 32140-6    |

| SPECIMEN REQUIREMENTS |                                       |               |                     |                       |
|-----------------------|---------------------------------------|---------------|---------------------|-----------------------|
| Specimen              | Specimen Volume (min)                 | Specimen Type | Specimen Container  | Transport Environment |
| Preferred             | 7 mL (3.5)                            | Whole Blood   | EDTA (Pink top)     | Room Temperature      |
| Alternate 1           | 7 mL (3.5)                            | Whole Blood   | EDTA (Lavender Top) | Room Temperature      |
| Instructions          | Patient must be Rh neg (D and Weak D) |               |                     |                       |

| GENERAL INFORMATION |  |
|---------------------|--|
| Testing Schedule    | Daily  |
| Expected TAT        | 1 Day  |
| Clinical Use        | Used as the first step in determining the necessary dosage of Rh Immunglobulin to administer post delivery from an Rh negative mom with an Rh positive infant. |
| Notes               | If the fetal bleed screen is positive a Kleihauer-Betke Fetal Hemaglobin stain will be performed at an additional charge.                                      |
| CPT Code(s)         | 85461  |
| Lab Section         | Blood Bank   |