

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