

LAB21075 Rhogam Antepartum, Product

BMC

LIS Code

APRHO

Specimen Type

Blood

Preferred Container

6 mL Pink (EDTA) top tube

Volume Required

6 mL

Storage Requirements

DO NOT centrifuge or separate plasma from cells

Specimens from outreach centers should be kept refrigerated prior to and during shipment.

Transportation Needs

Specimens should be sent to the laboratory promptly.

Specimens from outreach centers should be kept refrigerated prior to and during shipment.

Causes for Rejection

Mislabeled or unlabeled specimen

Gross hemolysis

Reflex Testing

If atypical antibodies are detected (antibody screen positive), antibody identification tests to determine antibody specificity will be performed and billed.

Additional Information

To quantitate an antepartum fetal-maternal bleed, a Fetal Hemoglobin Stain is recommended to quantitate the bleed and determine the amount of Rhogam needed.

A micro-dose of is indicated for Rh negative pregnant women up to and including 12 weeks gestation.

Antepartum Rh Immune Globulin is recommended at 28-32 weeks gestation on Rh Negative pregnant women to prevent Rh immunization.

If atypical antibodies are detected (antibody screen positive), antibody identification tests will be performed in order to determine antibody specificity. Additional specimen may be requested by the Blood Bank in order to complete testing. Depending on the specificity of the antibody(s) detected, Rh Immune Globulin may be contra-indicated.

Available STAT

No

CPT Code

86900

86901

86850