



## Winnipeg Diagnostic Services Crossmatch Testing Services

### ABO Group Rh Typing and Antibody Screen (Type and Screen)

MB\_XM-01

#### TEST DESCRIPTION

The type and screen are the primary pre-transfusion tests performed. Testing includes the determination of patient's ABO group, RhD type, and a screen for the detection of atypical antibodies. Additional testing for red cell antibody identification is performed when atypical antibodies are detected.

#### SPECIMEN AND REQUISITION REQUIREMENTS

##### Specimen(s)

- **Adults and Children:** One (1) full 5-7 ml EDTA (lavender) tube mixed thoroughly by gentle agitation.
- **Infants:** 1ml EDTA (lavender) tube OR 2 microtainer tubes with 500 microlitres per tube mixed thoroughly by gentle agitation.
- Label specimen with the required minimum information: patient's last name, first name, PHIN or hospital number or other unique identifier, date of collection, facility name, and phlebotomist initials.

##### Complete Requisition (must include)

- Patient's last name, first name, date of birth and PHIN or hospital number or other unique identifier
- Facility Name
- Physician/Health Care Provider name
- Phlebotomist name, classification, initial
- Date/time of collection
- Name, facility, address, contact number of individual to whom the report will be sent

##### Requisition(s)

- *Request for Pretransfusion Testing Requisition - WRHA sites\_MB*
- *Request for Blood Components Requisition\_MB*

#### PRE-SHIPPING 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  
Winnipeg Centre  
Crossmatch Laboratory  
777 William Ave.  
Winnipeg, MB R3E 3R4  
Tel: 204-789-1085  
Fax: 204-779-8593