

Acceptable Tube Types



## OB Type and Screen

<b>Alternate Name:</b>	OB Type and Hold
<b>Test includes:</b>	Type and Rh Antibody Screen
<b>Performing Lab:</b>	New Hanover
<b>Specimen Container:</b>	7 mL pink or lavender top tube
<b>Minimum Volume Required:</b>	3 mL
<b>Testing Availability</b>	<b>Routine:</b> N/A <b>Stat:</b> N/A
<b>Turnaround Time:</b>	24 hours
<b>Special Handling:</b>	Obstetric out patients only. CANNOT be converted to a crossmatch.
<b>Patient Preparation:</b>	None
<b>Specimen Stability:</b>	
<b>Reference Range:</b>	
<b>Expected Results:</b>	
<b>Type and Rh:</b>	See Type and Rh
<b>Antibody Screen:</b>	Negative
	Note: If positive, the antibody will be identified. If the antibody is associated with Hemolytic Disease of the Newborn, (HDN), an antibody titration must be performed to establish a baseline level. Follow-up titers should be performed. See Antibody Titer
<b>Critical Value:</b>	N/A
<b>CPT Code:</b>	
<b>Testing Methodology:</b>	N/A
<b>Causes for Specimen Rejection:</b>	Improper labeling Hemolysis Serum separator gel tube

**Other Comments:**

**Clinical Significance:**

N/A