TEST DESCRIPTION

These are PCR-based assays for the identification of multiple alleles encoding human erythrocyte antigens in genomic DNA. The RHCE test identifies many clinically significant variants responsible for normal and altered expressions of the RHCE human red cell antigens. Testing for allelic variants in the following extended blood groups can determine the patient’s predicted expression of the antigens: Rh, Kell, Duffy, Kidd, MNS, Lutheran, Dombrock, Landsteiner-Wiener, Diego, Colton and Scianna. These tests are alternatives to serological testing in cases of discordant antigen phenotyping results, autoimmune hemolytic anemia, chronically transfused patients with previously identified antibodies, and patients with transfusion dependent diseases such as sickle cell disease and thalassemia.

Note: This test is not recommended for patient with history of bone marrow (stem cell) transplant.

SPECIMEN AND REQUISITION REQUIREMENTS

Specimen(s)
- One (1) 2 - 7 ml EDTA (lavender) tube mixed thoroughly by gentle agitation.
- Label specimen with the required minimum information: patient’s last name, first name, middle name, PHN or unique identifier and date of collection.

Complete Requisition (must include)
- Patient’s last name, first name, middle name, PHN or unique identifier and date of birth
- Facility name, complete address, phone and fax number
- Phlebotomist ID information
- Date of collection

Requisition(s)
- Requisition for Blood Group Genotyping (Patient) National Immunohematology Reference Laboratory (NIRL) (F800019)
- Demande de Génotypage Sanguin (Patient) Laboratoire d’Immunohématologie National de Référence (LINR) (F800226)

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 2°C to 25°C
- Select shipping method for container to arrive at testing site within 48 hours.
- Sample must be received at testing site within 14 days of collection.

Note: Protect from freezing.

SEND TO

Canadian Blood Services
Brampton Diagnostic Services
100 Parkshore Drive
Brampton, ON, L6T 5M1
Tel: 905-494-5295
Fax: 905-494-8131