

Acceptable Tube Types



Transfusion Reaction Workup

Alternate Name:	Transfusion Reaction Evaluation	
Test includes:	<p>Examination of all clerical work for possible error.</p> <p>Examination of pre- and post- reaction specimens for hemolysis and/or icterus.</p> <p>Direct antiglobulin test (Direct Coombs) on pre- and post- reaction specimens.</p> <p>(If the above are negative, no additional tests are performed).</p> <p>If any of the above tests are positive, the following may be done:</p> <p>Urinalysis for free hemoglobin Bilirubin Gram stain and culture of donor blood ABO and Rh Antibody screen Antibody identification if indicated Coagulation studies</p>	
Performing Lab:	New Hanover and Cape Fear	
Specimen Container:	7 mL pink or lavender top tube	
Minimum Volume Required:	<p>3 mL</p> <p>Specimen is to be drawn at the time the suspected transfusion reaction took place.</p>	
Testing Availability	Routine:	24 hours/day
	Stat:	No
Turnaround Time:	<p>< 1 hour for initial testing</p> <p>Evaluated by a pathologist within 24 hours</p>	

Special Handling:	<p>Call Blood Bank and request Part 1 of the form "Investigation of Suspected Hemolytic Transfusion Reaction". This form is to be completed by the patient's nurse and returned immediately to Blood Bank. Form can be found on capslive>Fiile Search Clinical Forms LA-108</p> <p>Return blood bag and attached administration set to Blood Bank.</p> <p>All samples must be clearly identified with the patient's full first and last names, medical record number, phlebotomist's initials, date and time.</p>
Patient Preparation:	None
Specimen Stability:	
Reference Range:	N/A
Critical Value:	N/A
CPT Code:	
HED Test Group:	Test Group – LAB at NH site
HED Test Name:	Test Group – CLAB at CF site Test Name - Transfusion Reaction Workup
Testing Methodology:	N/A
Causes for Specimen Rejection:	Improper labeling Hemolysis Serum separator gel tube
Other Comments:	
Clinical Significance:	N/A