

Newborn Packed Cells

Order Name: **RBCPEDI**
Revision Date: 04/26/2016

| TEST NAME | METHODOLOGY | LOINC CODE |
|----------------------|-------------|------------|
| Newborn Packed Cells | | |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|---------------|----------------------|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | mL (mL) | Whole Blood | Lavender Top K2 EDTA | |
| Instructions | Draw 2 full, lavender-top or pink-top (K2 EDTA) MICROTAINERS reg , and send K2 EDTA whole blood. | | | |
| | Indicate volume to be transfused. | | | |
| | Note: Label specimen with patient name (first and last), patient hospital identification number or last 4 digits of the Social Security number, date of birth, date and time of draw, collector initials, and test(s) being ordered. | | | |
| | Note: Initial order on patient will reflex to TSNB Type/Screen, Newborn; for infants 4 months old at an additional charge. | | | |

| GENERAL INFORMATION | |
|---------------------|-------------------------------------|
| Testing Schedule | Monday through Sunday |
| Expected TAT | 1 Hour |
| Stat TAT | 45 Minutes (no antibodies detected) |
| Lab Section | NRLS-Blood Bank |