

St. John Health System Lab Catalog

> Order Name: Prenatal Pr 8 Test Number: 6906273 Revision Date: 12/02/2019

TEST NAME	METHODOLOGY	LOINC CODE
Complete Blood Count (CBC) with Automated Differential	Flow cytometry	See Indvidual Assays
Hepatitis B Surface Antigen	Chemiluminescence Assay	5195-3
Treponemal Antibody Analyzer	Chemiluminescence Assay	47236-5
Rubella Virus Antibody IgG		
ABO Group & Rh Type		
Antibody Screen (Indirect Coombs)		

SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	See Instructions	See Instructions	See Instructions		
Instructions	This profile requires the collection of several specimen types. Please collect one of each of the following specimens: One 7mL EDTA Pink top. One 5mL EDTA Lavender top. One 5mL Clot Activator SST tube.				

GENERAL INFORMATION	
Testing Schedule	Test Dependant
Expected TAT	2-4 Days
CPT Code(s)	85025, 87340, 86780, 86762, 86900, 86901, 86850
Service Provided By	Oklahoma, Inc.