

**Antibody Screen (Indirect Coombs)**

Order Name: **ABSC**  
 Test Number: 7301170  
 Revision Date: 04/06/2018

TEST NAME	METHODOLOGY	LOINC CODE
Antibody Screen (Indirect Coombs)		

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	<b>7 mL (3.5)</b>	<b>Whole Blood</b>	<b>EDTA (Pink top)</b>	<b>Room Temperature</b>
Alternate 1	<b>4.5 mL (3.5)</b>	<b>Whole Blood</b>	<b>EDTA (Lavender Top)</b>	<b>Room Temperature</b>
Instructions	Stability: Room Temperature 24hrs, Refrigerated 72hrs, Frozen Not Acceptable.			

GENERAL INFORMATION	
Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Used to determine whether the patient has any alloantibody and or autoantibody present to red blood cell antigens.
Notes	If the antibody screen is positive, antibody identification, direct antiglobulin testing, and RBC antigen typing will be performed at an additional charge.
CPT Code(s)	86850
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.