

Flow pathway for laboratory/pathology for RHD NIPT specimen management

Packing for specimen transport

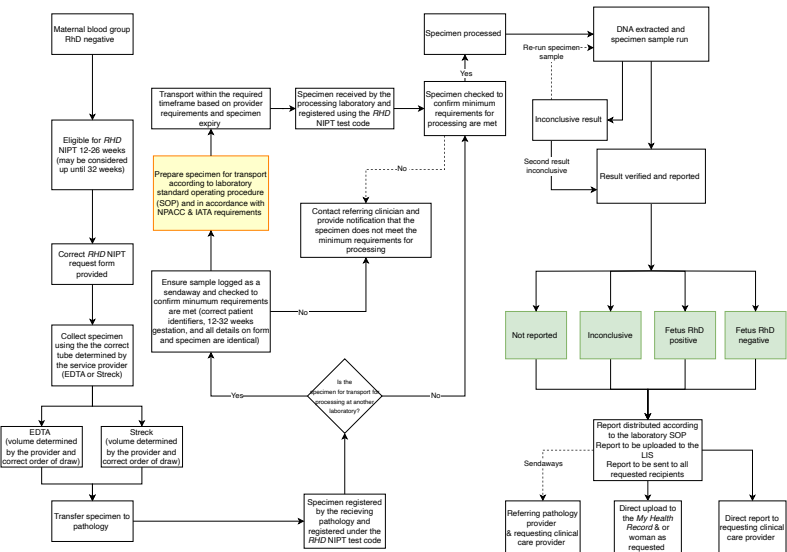
Primary - EDTA or Streck tube placed in sealed plastic bag with absorbent material and the request form in the outer sleeve

Secondary - hard plastic container with absorbent material

Foam esky with ice bricks (depending on provider requirements)*

Outer - cardboard box labelled accordingly

*Streck tubes do not require transport with ice bricks



Results			
Not Reported	Inconclusive	Fetus RhD positive	Fetus RhD negative
<p>Where the specimen does not meet the minimum requirements, the specimen should not be processed and the requesting pathology service or clinical care provider should be notified.</p> <p>A specimen may be rejected for the following reasons:</p> <ul style="list-style-type: none"> - minimum identification requirements are not met or are incorrect - specimen has been opened prior to processing - specimen haemolysed - incorrect tube or form - gestation < 12 weeks or > 32 weeks gestation <p>If time permits, a repeat RHD NIPT may be offered, or RHD Ig prophylaxis should be recommended.</p> <p>A cord blood test should be completed at the birth of the baby to confirm the baby's ABO and RhD blood group.</p> <p>If the baby's RhD blood group is confirmed to be RhD positive, RhD Ig is recommended.</p>	<p>If a specimen returns an inconclusive result, the specimen should be run through the analyser again. If the second result is also inconclusive this should be the final result reported. This may occur if the quality or amount of the specimen sample is inadequate, or the maternal blood group is a weak D or partial D.</p> <p>Where the result is inconclusive, RhD Ig prophylaxis should be recommended and a cord blood test completed at the birth of the baby to confirm the baby's ABO and RhD blood group.</p>	<p>Where the fetus is predicted to be RhD positive, the woman should be recommended RhD Ig prophylaxis at 28, 34 weeks and for all sensitising events. A cord blood test should be performed at the birth of the baby to confirm the RHD NIPT results.</p>	<p>Where the fetus is predicted to be RhD negative, RhD Ig prophylaxis is not recommended.</p> <p>A cord blood test should be performed at the birth of the baby to confirm the RHD NIPT results.</p>