



**HOSPITAL ACMH BLOOD BANK TEST DICTIONARY
UPDATED AUGUST 2014**

How to Use this Catalog

1. **NAME** = procedure **NAME** in the laboratory system
Please be aware that this may vary in other systems.
2. Mnemonic = test abbreviation used to place orders in the lab system
3. ABBR – abbreviation of test **NAME** [lab use]
4. Department – the lab department responsible for performing and reporting the test.
5. Site codes – defines where tests are performed.
 - a) ML - Main Lab [ACMH]
 - b) Mayo – Mayo Medical Laboratories
 - c) AKMC - Allegheny Valley Hospital
 - d) UPMC Renal – University of Pittsburgh Medical Center – Renal Testing Division
6. CPT – Current Procedural Terminology [AMA] billing codes.
7. Charge – this amount will be applied to responsible financial party for the test or procedure. Charges are Subject to change on a random basis and should be verified each time the need arises.
8. Billing code – the ACMH code that is linked to the CPT for the test.
9. Questions regarding this catalog may be directed to Sandy Geibel at [724] 543-8885.

NAME: 1 HR PANEL INCUBATION
MNEMONIC: 1HR PANEL INCUB ABBR: 1 HR PANEL INCU
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: 86850 CPT TYPE: CPT-4 CHARGE: 86.00 BILLING CD: 08842

NAME: 1HR INCUBATION SCREEN
MNEMONIC: 1HR INCUB SCR ABBR: 1 HR INCUBATION
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: 86850 CPT TYPE: CPT-4 CHARGE: 86.00 BILLING CD: 08842
COMPONENTS
SCI-1HR SCREEN CELL I-1HR INCUB
SC2 1HR SCREEN CELL 2 - 1HR INCUBAT
SC3 1HR SCREEN CELL III 1 HOUR
ACC1HR AUTO CONTROL 1HR INCUBAT

NAME: A/AB DISCREPANCY PANEL
MNEMONIC: A2PAN ABBR: A/AB DISCREPANC
COMPONENTS
ANTIA1 ANTI-A1 LECTIN 86900 CPT-4 57.00 00046
A2 CELLS A2 CELLS

NAME: AB SCREEN FOR ABSORPTION
MNEMONIC: ABSSCREEN ABBR: AB SCREEN
DEPT: BBK SITE: ML TURN AROUND HOURS:

NAME: AB SCREEN TO CHOOSE METHOD
MNEMONIC: ABSR ABBR: AB SCREEN
CPT: CPT TYPE: CHARGE: BILLING CD:
CONTAINER: PINK
COLLECTION INSTRUCTION
ASK Y/N IF PATIENT HAS RECD BLOOD OR BEEN PREG IN 3 MTHS



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PENDING MESSAGE:
ALLOW MINIMUM 1 HR AFTER RECEIPT OF SPECIMEN
ALiquot: PINK MIN ML: 1 MAX ML: 1

NAME: ABID CHG ONLY FOR OTHER PANELS
MNEMONIC: ABIDCHG ABBR: ABID CHG ONLY
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86870 CPT TYPE: CPT-4 CHARGE: 152.00 BILLING CD: 00020

NAME: ABO TYPING done at CBB
MNEMONIC: CBB-ABOTYPE ABBR: CBB ABO TYPING
OTHER MNEMONIC:
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86900 CPT TYPE: CPT-4 CHARGE: 57.00 BILLING CD: 66709

NAME: ABS CHG ONLY FOR OTHER SCREEN
MNEMONIC: ABSCHG ABBR: ABS CHG ONLY
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86850 CPT TYPE: CPT-4 CHARGE: 86.00 BILLING CD: 08842

NAME: ABSORPTION PROFILE
MNEMONIC: ABSORPTION ABBR: ABSORPTION PROF
DEPT: BBK SITE: ML TURN AROUND HOURS:
CONTAINER: PINK
ALiquot: PINK MIN ML: 1 MAX ML: 1
COMPONENTS
ABSSCREEN AB SCREEN FOR ABSORPTION
ASBORP ABSORPTION 86978 CPT-4 152.00 53532

NAME: ABSORPTION done at CBB
MNEMONIC: CBB-ABSORP ABBR: CBB ABSORP
DEPT: BBC SITE: ITXM TURN AROUND HOURS:
CPT: 86978 CPT TYPE: CPT-4 CHARGE: 152.00 BILLING CD: 66661



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NAME: ACID HEMOLYSIS done at CBB
MNEMONIC: CBB-ACIDHEMOLY ABBR: CBB ACID HEMOL
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 85475 CPT TYPE: CPT-4 CHARGE: 101.00 BILLING CD: 66725

NAME: ANTIBODY ID done at CBB
MNEMONIC: CBB-ABID ABBR: CBB ABID
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86870 CPT TYPE: CPT-4 CHARGE: 152.00 BILLING CD: 66629

NAME: ANTIBODY ID- ENZYME PANEL
MNEMONIC: ABID-ENZY ABBR: AB ID ENZYME
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: 86870 CPT TYPE: CPT-4 CHARGE: 152.00 BILLING CD: 00020
PENDING MESSAGE:
THIS TEST REQUIRES A MINIMUM OF 2 HRS FOR COMPLETION

NAME: ANTIBODY IDENTIFICATION
MNEMONIC: ABID ABBR: AB ID
OTHER MNEMONIC: PANEL
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: 86870 CPT TYPE: CPT-4 CHARGE: 152.00 BILLING CD: 00020
CONTAINER: LABEL
PENDING MESSAGE:
THIS TEST REQUIRES A MINIMUM OF 1 HR TO COMPLETION

NAME: ANTIBODY IDENTIFICATION NC
MNEMONIC: ABIDNC ABBR: AB ID NO CHARGE
OTHER MNEMONIC:
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: CPT TYPE: CHARGE: BILLING CD:
CONTAINER: LABEL
PENDING MESSAGE:
THIS TEST REQUIRES A MINIMUM OF 1 HR TO COMPLETION



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NAME: ANTIBODY SCREEN done at CBB
MNEMONIC: CBB-ABSCREEN ABBR: CBB AB SCREEN
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86850 CPT TYPE: CPT-4 CHARGE: 86.00 BILLING CD: 66637

NAME: ANTIGEN ID COOMBS
MNEMONIC: AGCOOMBS ABBR: ANTIGEN COOMBS
DEPT: BBK SITE: ML TURN AROUND HOURS:
COMPONENTS
AGQC? QC ORDERED?
AGIDCOOMBS ANTIGEN TYPE COOMBS (IGG) 86902 CPT-4 38.00 66346

NAME: ANTIGEN ID SALINE
MNEMONIC: AGSAL ABBR: ANTIGEN SALINE
COMPONENTS
AGIDSAL ANTIGEN TYPE SALINE 86902 CPT-4 38.00 66346
AGQC? QC ORDERED?

NAME: ANTIGEN TYPE SALINE
MNEMONIC: AGIDSAL ABBR: AG ID SALINE
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: 86902 CPT TYPE: CPT-4 CHARGE: 38.00 BILLING CD: 66346
CONTAINER: PINK
ALiquot: PINK MIN ML: 1.0 MAX ML: 1.0

NAME: ANTIGEN TYPING CHARGE ACMH
MNEMONIC: AGCHG ABBR: AG CHG ACMH
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86902 CPT TYPE: CPT-4 CHARGE: 38.00 BILLING CD: 66346



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NAME: ANTIGEN TYPING UNIT done @ CBB
MNEMONIC: CBB-AGNTYPING ABBR: CBB AG TYPING
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86902 CPT TYPE: CPT-4 CHARGE: 38.00 BILLING CD: 66621

NAME: APPEARANCE OK?
MNEMONIC: APPEARANCE ABBR: APPEARANCE OK?
DEPT: BBK SITE: ML TURN AROUND HOURS:

NAME: AUTO CONTROL AHG
MNEMONIC: ACAHG ABBR: AUTO CONT AHG

NAME: AUTO CONTROL INTERPRETATION
MNEMONIC: AUTOINT ABBR: AUTO INTERP

NAME: AUTO PREWARM PANEL
MNEMONIC: AUTOPREW ABBR: AUTO PREWARM
COMPONENTS
ACPW37 AUTO CONTROL PREWARM 37 PHASE
ACPWAHG AUTO CONTROL PREWARM AHG PHASE
ACPWCC AUTOCONT PRE WARM COOMBS CONT

NAME: AUTOLOGOUS DONOR CHARGE
MNEMONIC: AUTODONOR CHRG ABBR: AUTO DONOR CHRG
DEPT: BBK SITE: ML TURN AROUND HOURS:



HOSPITAL

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CPT: 86890 CPT TYPE: CPT-4 CHARGE: 176.00 BILLING CD: 52574

NAME: AUTOVAC

MNEMONIC: AUTOVAC

ABBR: AUTOVAC

CONTAINER: AUTOVAC

COMPONENTS

DATE DATE RECEIVED

LABEL LABEL COMPLETE?

ORDERCULT ORDER CULTURE?

NAME: BB FRIG/FREEZER ALARM CHECKS

MNEMONIC: ALARM CHECKS

ABBR: BB ALARM CHECKS

DEPT: BBQC

SITE: ML

TURN AROUND HOURS:

NAME: BB YEARLY CENTRIFUGE CHECKS

MNEMONIC: BBYEARLY

ABBR: BB YEARLY CENTR

DEPT: BBQC

SITE: ML

TURN AROUND HOURS:

NAME: BB MONTHLY MAINTENANCE

MNEMONIC: MONTHLY

ABBR: MONTHLY MAINT.

DEPT: BBQC

SITE: ML

TURN AROUND HOURS:

NAME: BB TIMERS RPM MAINTENANCE EACH

MNEMONIC: TIMERS RPMS

ABBR: BB TIMERS/RPM



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NAME: BB WEEKLY MAINTENANCE
MNEMONIC: WEEKLY ABBR: WEEKLY MAINT.

NAME: BLOOD BANK PIPETTE CALIBRATION
MNEMONIC: PIPETTES ABBR: BB PIPETTE CAL

NAME: BLOOD BANK PLASMA ALARM CHECK
MNEMONIC: PLASMA ALARMS ABBR: BB PLASMA ALARM

NAME: BLOOD BANK REFERENCE LAB ITXM
MNEMONIC: BBREF ABBR: BLOOD BANK REFE
CONTAINER: PINK
 RED10
ALQUOT: PINK MIN ML: 1 MAX ML: 1

COMPONENTS

BBRINFO BB SPECIMEN DATE/TIME/TEC SENT
BBREFRES BB REF RESULT DATE,TIME,TECH

NAME: BLOOD TYPE IN RED HX BOX?
MNEMONIC: BT IN HX BOX? ABBR: TYPE IN HX BOX?

NAME: BLOOD TYPE IN RED HX BOX?
MNEMONIC: TYPE IN HX? ABBR: TYPE IN HX BOX?

NAME: BLOOD TYPE LDBBK PATIENT
MNEMONIC: LDBBK TYPE ABBR: TYPE
CONTAINER: PINK
ALQUOT: PINK MIN ML: 1 MAX ML: 1

COMPONENTS

TYPE IN HX BLOOD TYPE IN RED HX BOX?

AA	ANTI-A	86900			
AB	ANTI-B				
AD	ANTI-D	86901	CPT-4	91.00	00109
AC	A CELL #1				
BCELL	B CELL				
BT	BLOOD TYPE WITHOUT DU	86900	CPT-4	57.00	00046

NAME: BLOOD TYPE PATIENT
MNEMONIC: TYPE ABBR: TYPE
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: CPT TYPE: CHARGE: BILLING CD:
CONTAINER: PINK
ALQUOT: PINK MIN ML: 1 MAX ML: 1

COMPONENTS

TYPE IN HX BLOOD TYPE IN RED HX BOX?

AA	ANTI-A	86900			
AB	ANTI-B				
AD4	ANTI-D SERIES 4	86901	CPT-4	91.00	00109



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AD5	ANTI-D SERIES 5				
DCTL	D CONTROL				
AC	A CELL #1				
BCELL	B CELL				
BT	BLOOD TYPE WITHOUT DU	86900	CPT-4	57.00	00046

NAME: C3BC3D POS CONTROL
MNEMONIC: C3POSCON ABBR: C3 POS CON

NAME: CBB KLEIHAUER BETKE done at CBB
MNEMONIC: CBB-KLEIBETKE ABBR: CBB KLEI BETKE
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 85460 CPT TYPE: CPT-4 CHARGE: 71.00 BILLING CD: 66741

NAME: CHARGE?
MNEMONIC: CHARGE? ABBR: CHARGE?

NAME: CMV NEGATIVE CHARGE
MNEMONIC: CMVN ABBR: CMV NEG CHG
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86644 CPT TYPE: CPT-4 CHARGE: 120.00 BILLING CD: 52543

NAME: CREDIT ABS
MNEMONIC: CREDITABS ABBR: CREDIT ABS
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86850 CPT TYPE: CPT-4 CHARGE: -86.00 BILLING CD: 64428

NAME: CROSSMATCH GEL AHG
MNEMONIC: XMGEL ABBR: XMGEL
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: 86922 CPT TYPE: CPT-4 CHARGE: 272.00 BILLING CD: 53541
COMPONENTS
XMAHG XM AHG 86922 CPT-4 272.00 53541

NAME: CROSSMATCH GEL NO CHARGE
MNEMONIC: XMGELNC ABBR: XM GEL NC



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COMPONENTS					
XMAHG	XM AHG	86922	CPT-4	272.00	53541

NAME: CROSSMATCH PREWARMED
MNEMONIC: XMPW ABBR: XM PREWARMED
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: 86922 CPT TYPE: CPT-4 CHARGE: 272.00 BILLING CD: 53541
PENDING MESSAGE:

ALLOW 2 HRS MINIMUM FOR COMPLETION

COMPONENTS					
XMPWP	XM PREWARMED - PATIENT	86922	CPT-4	272.00	53541
XMPWCC	XM PREWARMED CHECK CELLS				

NAME: CROSSMATCH PREWARMED NO CHARGE
MNEMONIC: XMPWNC ABBR: XM PM NC
DEPT: BBK SITE: ML TURN AROUND HOURS:
PENDING MESSAGE:

ALLOW 2 HRS MINIMUM FOR COMPLETION

COMPONENTS					
XMPWP	XM PREWARMED - PATIENT	86922	CPT-4	272.00	53541
XMPWCC	XM PREWARMED CHECK CELLS				

NAME: DAT INFO AND PATH REMARKS
MNEMONIC: DCINFO ABBR: DAT INFO/REMARK
DEPT: BBK SITE: ML TURN AROUND HOURS:
COMPONENTS
DIAG PATIENT DIAGNOSIS
MEDS PT MEDICATIONS FOR DAT REVIEW
SMEAR? SMEAR SUBMITTED TO PATHOLOGIST
OTHER INFO OTHER INFORMATION FOR DAT
PATHREM PATH REMARKS

NAME: DAT done at CBB
MNEMONIC: CBB-DAT ABBR: CBB DAT
CPT: 86880 CPT TYPE: CPT-4 CHARGE: 38.00 BILLING CD: 66733

NAME: DEGLYCE CHARGE CBB REF LAB
MNEMONIC: DEGL ABBR: DEGLYC CRG
DEPT: BBC SITE: ML TURN AROUND HOURS:

NAME: DIRECT COOMBS ADULT
MNEMONIC: DAT ABBR: DAT
CONTAINER: PINK
PENDING MESSAGE:
ALLOW MINIMUM OF 30 MIN FROM SPECIMEN RECEIPT FOR COMPLETION

COMPONENTS					
POLY	POLYSPECIFIC DC	86880	CPT-4	38.00	63770
IGG	IGG-DIRECT COOMBS	86880	CPT-4	38.00	63778
C3D	ANTI-COMPLEMENT C3B,-C3D	86880	CPT-4	38.00	63786
IGGCC	IGG COOMBS CONTROL				



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CCC	C3BC3D COOMBS CONTROL
POLYCC	POLYSPECIFIC COOMBS CONTROL
DATR	DAT RESULT

NAME: DIRECT COOMBS INFANT	
MNEMONIC: DCINF	ABBR: DC IGG AHG
OTHER MNEMONIC: DATINF	
DEPT: BBK	SITE: ML TURN AROUND HOURS:
CPT: 86880	CPT TYPE: CPT-4 CHARGE: 38.00 BILLING CD: 63794
CONTAINER: CORD	
LAV-PEDI	
COLLECTION INSTRUCTION: <u>PLEASE COLLECT 2 FULL CAPILLARIES</u>	

NAME: DOES UNIT NEED A CULTURE?	
MNEMONIC: NEEDCULT?	ABBR: NEED CULTURE?



NAME: ELUATE INFANT/ FREEZE THAW
MNEMONIC: ELUIN ABBR: ELUATE INFANT

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COMPONENTS					
ELUINF	ELUTION INFANT FREEZE THAW	86860	CPT-4	97.00	00027
ABID--ELUA	ANTIBODY IDENT. ELUATE	86870	CPT-4	152.00	00020

NAME: ELUTION TYPE done at CBB
 MNEMONIC: CBB-ELUTION ABBR: CBB ELU TYPE
 DEPT: BBC SITE: ML TURN AROUND HOURS:
 CPT: 86860 CPT TYPE: CPT-4 CHARGE: 97.00 BILLING CD: 66613

NAME: ENZYME PROFILE FOR AB ID					
MNEMONIC: ENZYMES			ABBR: ENZYME PROFILE		
DEPT: BBK		SITE: ML	TURN AROUND HOURS:		
COMPONENTS					
ENZYPREP	ENZYME PREPARATION FOR PANEL		86970	CPT-4	152.00 53531
ABID-ENZY	ANTIBODY ID- ENZYME PANEL		86870	CPT-4	152.00 00020

NAME: EXTRA BBK SPECIMEN			
MNEMONIC: XBBKTUBE		ABBR: EXTRA BB TUBE	
CONTAINER: PINK			
COLLECTION INSTRUCTION: ASK Y/N AND BAND PATIENT WITH BLOOD LOC BRACELET			
ALQUOT: PINK	MIN ML:	1	MAX ML: 1

NAME: EXTRA BLOOD BANK SPECIMEN	
MNEMONIC: XBBK	ABBR: XTRA BB TUBE
COMPONENTS	
XBBKTUBE	EXTRA BBK SPECIMEN
BLDPREG?	RECD BLOOD OR PREG IN 3 MTHS?

NAME: FATHER'S ANTIGEN TYPE			
MNEMONIC: FATHER		ABBR: FATHER'S AG	
CONTAINER: PINK			
COLLECTION INSTRUCTION: COLLECT 1 FULL PINK TOP FOR BLOOD BANK			
ALIQUOT: PINK		MIN ML: 1	MAX ML: 1
COMPONENTS			
WHATAG?	WHAT ANTIGEN IS BEING TESTED?		

NAME: FETAL BLEED SCREENING
 MNEMONIC: FTL5 ABBR: FETAL BLEED
 CPT: 85461 CPT TYPE: CPT-4 CHARGE: 84.00 BILLING CD: 00028
 CONTAINER: PINK
 PENDING MESSAGE: **ALLOW 1 HR MINIMUM FROM RECEIPT OF SPECIMEN
 FOR RESULTS**

NAME: FETAL HEMOGLOBIN
MNEMONIC: FEH **ABBR:** FETAL HGB
OTHER MNEMONIC: KLEIHAUER BETKE



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DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: 85460 CPT TYPE: CPT-4 CHARGE: 71.00 BILLING CD: 00414
CONTAINER: PINK
COLLECTION INSTRUCTION:
ATTACH BLOOD BANK BRACELET AND RECORD LOC CODE ON BB TUBE
PENDING MESSAGE:
ALLOW 2 HRS MINIMUM FOR TEST COMPLETION
ALIQUT: PINK MIN ML: 1 MAX ML: 1

NAME: FRESH FROZEN PLASMA CHARGE
MNEMONIC: FFPC ABBR: FFPC
OTHER MNEMONIC:
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: P9017 CPT TYPE: CPT-4 CHARGE: 188.00 BILLING CD: 05077



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NAME: GEL CARD IGG LOT# QC
MNEMONIC: GELCARDLOT ABBR: GEL CARD LOT#QC
DEPT: BBQC SITE: ML TURN AROUND HOURS:

NAME: HLA MATCH CHARGE (UNIT)
MNEMONIC: PHHLATYP ABBR: PHHLATYP
DEPT: BBK SITE: ITXM TURN AROUND HOURS:
CPT: 86812 CPT TYPE: CPT-4 CHARGE: 198.00 BILLING CD: 66278

NAME: HLA TYPING NEED SENT OUT?
MNEMONIC: HLATYPING? ABBR: HLA NEED SENT?

NAME: HLATYPING PHERESIS PLT (PT)
MNEMONIC: HLATYPE ABBR: HLA TYPING
DEPT: BBR SITE: ML TURN AROUND HOURS:
CPT: 86808 CPT TYPE: CPT-4 CHARGE: 320.00 BILLING CD: 66509
CONTAINER: RED10
 SST10
 YEL-ACD

COLLECTION INSTRUCTION:
CONTACT TISSUE TYPING LAB TO SCHEDULE TESTING.

PENDING MESSAGE:
ALLOW 48 HOURS FROM SPECIMEN RECEIPT FOR COMPLETION.

NAME: HTLA TITER done at CBB
MNEMONIC: CBB-HTLA TITER ABBR: CBB HTLA TITER
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86886 CPT TYPE: CHARGE: 261.36 BILLING CD: 67128

NAME: IMM SPIN CROSSMATCH NO CHARGE

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MNEMONIC: XMISNC ABBR: IS XM NO CHARGE
DEPT: BBK SITE: ML TURN AROUND HOURS:
COMPLETION TIME: 10 MINUTES
COMPONENTS
XMISP XM IMMEDIATE SPIN - PATIENT

NAME: IMMEDIATE SPIN CROSSMATCH
MNEMONIC: XMIS ABBR: IS XM
PENDING MESSAGE:
ALLOW 45 MIN. MINIMUM FROM SPECIMEN RECEIPT FOR COMPLETION
 COMPONENTS
XMISP XM IMMEDIATE SPIN - PATIENT

NAME: INCINERATED?
 MNEMONIC: INCINERATED? ABBR: INCINERATED?
 DEPT: BBDonor SITE: ML TURN AROUND HOURS:

NAME: INFANT BLOOD TYPE						
MNEMONIC: IBT		ABBR: INF BLD TYPE				
DEPT: BBK	SITE: ML	TURN AROUND HOURS:				
CONTAINER: CORD						
LAV-PEDI						
PENDING MESSAGE:						
ALLOW MINIMUM OF 30 MIN FROM SPECIMEN RECEIPT FOR COMPLETION						
COMPONENTS						
INF RETYPE	INFANT RETYPE DONE?					
AA INF	ANTI-AN INFANT	86900				
AB INF	ANTI-B INFANT					
ADIBT SER4	ANTI-D INFANT SERIES 4	86901	CPT-4	91.00	00109	
ADIBT SER5	ANTI-D INFANT SERIES 5					
ADAHGIBT S	ANTI D AHG INFANT SERIES 4					
ADAHGINF S	ANTI D AHG INFANT SERIES 5					

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ADCC SER4	ANTI-D CC SERIES 4					
ADCC SER5	ANTI-D CC SERIES 5					
DCTL INF	D CONTROL INFANT					
DCTLAHG	D CONTROL AHG					
DCTLCC	D CONTROL CC					
BTDU	BLOOD TYPE WITH DU INFANT	86900	CPT-4	57.00	00046	

NAME: INFANT BLOOD TYPE NO CHARGE
MNEMONIC: IBTNC ABBR: INF BLD TYPE
DEPT: BBK SITE: ML TURN AROUND HOURS:
COMPLETION DATE: COMPONENTS

AA	ANTI-A	86900			
AB	ANTI-B				
AD	ANTI-D	86901	CPT-4	91.00	00109
ADAHG	ANTI-D AHG				
ADCC SER4	ANTI-D CC SERIES 4				
DCTL	D CONTROL				
DCTLAHG	D CONTROL AHG				
DCTLCC	D CONTROL CC				
BTDU	BLOOD TYPE WITH DU INFANT	86900	CPT-4	57.00	00046

NAME: INFANT RETYPE DONE?
 MNEMONIC: INF RETYPE? ABBR: RETYPE DONE?
 CONTAINER: PINK

NAME: LABOR PRE DELIVERY BLOOD BANK			
MNEMONIC: LDBBK		ABBR: LD PREDEL BB	
CONTAINER: PINK			
COLLECTION INSTRUCTION			
<u>RECORD BLOOD LOC AND RN NAME ON TUBE BEFORE LEAVING BEDSIDE</u>			
ALIQUOT: PINK	MIN ML:	1	MAX ML: 1
COMPONENTS			
DATEDRAWN	ENTER LDBBK DRAW DATE		
TYPE?	TYPE ON CHART?		
LDBBK TYPE	BLOOD TYPE LDBBK PATIENT		

NAME: LEAST INCOMPATIBLE
MNEMONIC: LTINCOMP ABBR: LEAST INCOMP DEPT: BBK



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NAME: LEUKOPOOR CHARGE

MNEMONIC: LEUKO

ABBR: LEUKO

NAME: LEUKOREduced INFO

MNEMONIC: LEUKOREDINFO

ABBR: LEUKO INFO

COMPONENTS

LEUKORED @ LEUKOREduced @ CBB?

NAME: MANAGED CARE REF LAB BLOOD TYP

MNEMONIC: BLDTPMC

ABBR: BT FROM REF LAB

NAME: NEED ANOTHER POST XM GEL?

MNEMONIC: NPOXM?

ABBR: NEED POSXM?

NAME: NEED ANOTHER PRETRANF GELXM?

MNEMONIC: NPREXM?

ABBR: NEED PREXM?



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NAME: NEED BLOOD TYPE #2?
MNEMONIC: NBT2 ABBR: NEED BT #2?
CONTAINER: PINK
COLLECTION INSTRUCTION
ASK Y/N IF PATIENT RECD BLOOD OR BEEN PREGNANT IN 3 MTHS

NAME: NEED BLOOD TYPE DRAWN?
MNEMONIC: NEED BLOOD TYPE ABBR: NEED BLD DRAWN?

NAME: NEUTALYATION done at CBB
MNEMONIC: CBB-NEUTAL ABBR: CBB NEUTAL
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86977 CPT TYPE: CPT-4 CHARGE: 132.00 BILLING CD: 66677

NAME: NOTIFICATION INFO,DATE,TYPE
MNEMONIC: NOTIFICATION ABBR: INFO,DATE,TYPE
DEPT: BBK SITE: ML TURN AROUND HOURS:

NAME: ORDER CULTURE?
MNEMONIC: ORDERCULT ABBR: ORDER CULTURE?
DEPT: BBTR SITE: ML TURN AROUND HOURS:

NAME: ORDER RHOGAM VIAL?
MNEMONIC: RHOORD ABBR: ORDER RHOGAM?

**HOSPITAL ACMH BLOOD BANK TEST DICTIONARY
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NAME: PACKED CELLS CHARGE
 MNEMONIC: PCC ABBR: PCC
 DEPT: BBC SITE: ML TURN AROUND HOURS:
 CPT: P9021 CPT TYPE: CPT-4 CHARGE: 309.00 BILLING CD: 59653

NAME: PACKED CELLS LR CHARGE
 MNEMONIC: PCLRC ABBR: PCLRC
 DEPT: BBC SITE: ML TURN AROUND HOURS:
 CPT: P9016 CPT TYPE: CPT-4 CHARGE: 777.00 BILLING CD: 63079

NAME: PATHOLOGIST TRANS RXN REMARKS			
MNEMONIC: PATHREMARKS		ABBR: PATH REMARKS	
DEPT: BBK	SITE: ML	TURN AROUND HOURS:	
CPT: 86078	CPT TYPE: CPT-4	CHARGE:	BILLING CD:

NAME: PC IRRADIATED CHARGE
 MNEMONIC: PCIRRADC ABBR: PCIRRADC
 DEPT: BBC SITE: ML TURN AROUND HOURS:
 CPT: P9038 CPT TYPE: CPT-4 CHARGE: 452.00 BILLING CD: 63197

NAME: PC LEUCOREduced IRR CHARGE
 MNEMONIC: PCLRIRRC ABBR: PCLRIRRC
 DEPT: BBC SITE: ML TURN AROUND HOURS:
 CPT: P9040 CPT TYPE: CPT-4 CHARGE: 561.00 BILLING CD: 63087

NAME: PHERESIS PLT LEUKO IRR CHARGE
 MNEMONIC: PHPLTLRIRRC ABBR: PHPLTLRIRRC
 DEPT: BBC SITE: ML TURN AROUND HOURS:
 CPT: P9037 CPT TYPE: CPT-4 CHARGE: 1620.00 BILLING CD: 63095



**HOSPITAL ACMH BLOOD BANK TEST DICTIONARY
UPDATED AUGUST 2014**

NAME: PHLEBOTOMY THERAPEUTIC, 1 UNIT
MNEMONIC: PHLEB ABBR: PHLEBOTOMY
DEPT: BB DONOR SITE: ML TURN AROUND HOURS:
CPT: 99195 CPT TYPE: CPT-4 CHARGE: 201.00 BILLING CD: 66749
CONTAINER: BLOOD
COMPONENTS
VOL WITHDR VOLUME OF BLOOD WITHDRAWN
INCINERATE INCINERATED?

NAME: PLATELET PALL FILTER
MNEMONIC: PLTFILTER ABBR: PLT PALL FILTER
DEPT: BBK SITE: ML TURN AROUND HOURS:
COMPONENTS
RECDLEUOKO RECD LEUKOREDUCED FROM CBB?
EXP FILTER EXP DATE
LOTFILTER LOT NUMBER PALL FILTER

NAME: POST AB SCREEN
MNEMONIC: POSTABS SCREEN ABBR: POST AB SCREEN
DEPT: BBK SITE: ML TURN AROUND HOURS:

NAME: POST ANTIBODY SCREEN
MNEMONIC: POSTABS GEL ABBR: POST AB SCR N
DEPT: BBTR SITE: ML TURN AROUND HOURS:
COMPONENTS
POST SCI A POST SCREEN I AHG GEL
POST SCII POST SCREEN II AHG GEL

NAME: POST ANTIBODY SCREEN
MNEMONIC: POSTABS MAN ABBR: POST AB SCR N
DEPT: BBTR SITE: ML TURN AROUND HOURS:



HOSPITAL **ACMH BLOOD BANK TEST DICTIONARY**
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CPT: 86850 CPT TYPE: CPT-4 CHARGE: 86.00 BILLING CD: 08842

COMPONENTS

POSTSCIIS POST SCREEN CELLS I IMMED SPIN
POSTSCIIS PST SCREEN CELLS II IMMED SPIN
POSTSCI37 POST SCREEN CELLS I 37 DEGREES
POSTSCI37 PST SCREEN CELLS II 37 DEGREES
POSTSCIAHG POST SCREENING CELLS I AHG
POSTSCIAH PST SCREENING CELLS II AHG
POSTSCICC PST SCREEN CELLS I CHECK CELLS
POSTSCIICC PST SCREEN CELLS II CHECK CELL

NAME: POST DELIVERY BB SPECIMEN

MNEMONIC: POSTDEL ABBR: POST DELIV SPEC

CONTAINER: PINK

COLLECTION INSTRUCTION

RECORD BLOOD LOC AND RN NAME ON TUBE BEFORE LEAVING BEDSIDE

ALQUOT: PINK MIN ML: 1 MAX ML: 1

COMPONENTS

DATE DRAWN ENTER POSTDEL DRAW DATE

BABY TYPE BABY'S TYPE

RHOGAM? RHOGAM?

NAME: POST TRANSFUSION ABO/RH TYPE

MNEMONIC: POSTTYPE ABBR: POST TX TYPE

DEPT: BBTR SITE: ML TURN AROUND HOURS:

COMPONENTS

POSTAA POST TRANSFUSION RXN ANTI-A

POSTAB POSTTRANSFUSION ANTI B

POSTAD POSTTRANSFUSION RXN ANTI-D 86901 CPT-4 91.00 00109

POSTAC POSTTRANSFUSION RXN A CELL

POSTBC POSTTRANSFUSION RXN B CELL

XPOSTBT POST TRANSFUSION BLOOD TYPE 86900 CPT-4 57.00 00046

POSTBT POSTTRANSFUSION BLOOD TYPE

NAME: POST TRANSFUSION BLOOD TYPE

MNEMONIC: XPOSTBT ABBR: POST BLOOD TYPE

DEPT: BBTR SITE: ML TURN AROUND HOURS:

CPT: 86900 CPT TYPE: CPT-4 CHARGE: 57.00 BILLING CD: 00046

ACMH BLOOD BANK TEST DICTIONARY
UPDATED AUGUST 2014

NAME: POST TRANSFUSION CROSSMATCH
MNEMONIC: POST TRAN XM ABBR: POST TRANF XM
DEPT: BBTR SITE: ML TURN AROUND HOURS:
 COMPONENTS
NPOXM? NEED ANOTHER POST XM GEL?
POST TX XM POST TRANSFUSION XM
POST37XM POST TRANSFUSION 37 XM
POSTXM AHG POST TRANFUSION AHG XM
POSTXMcC POST TRANSFUSION XM CHECK CELL

NAME: POST TRANSFUSION REACTION XM
MNEMONIC: PSTRXNXM ABBR: POST RXN XM
DEPT: BBTR SITE: ML TURN AROUND HOURS:
CPT: 86920 CPT TYPE: CPT-4 CHARGE: 73.00 BILLING CD: 09611

COMPONENTS

POST TX XM POST TRANSFUSION XM
POST37XM POST TRANSFUSION 37 XM
POSTXM AHG POST TRANFUSION AHG XM
POSTXMcC POST TRANSFUSION XM CHECK CELL

NAME: PRE AB SCREEN			
MNEMONIC: PREABS		ABBR: PRE AB SCREEN	
DEPT: BBK	SITE: ML	TURN AROUND HOURS:	
CPT: 86850	CPT TYPE: CPT-4	CHARGE:	86.00 BILLING CD: 08842

NAME: PRE ANTIBODY SCREEN
MNEMONIC: PREABS GEL ABBR: PRE AB SCRNB
DEPT: BBK SITE: ML TURN AROUND HOURS:
 COMPONENTS
PRESCRIGEL PRE SCREEN I AHG GEL
PRESCIIGEL PRE SCREEN II GEL AHG



HOSPITAL **ACMH BLOOD BANK TEST DICTIONARY**
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NAME: PRE ANTIBODY SCREEN
MNEMONIC: PREABS MAN ABBR: PRE AB SCR N

COMPONENTS

PRESCIIS PRE SCREEN CELLS I IMMED SPIN
PRESCIIIS PRE SCREEN CELLS II IMMED SPIN
PRESCI37 PRE SCREEN CELLS I 37 DEGREES
PRESCII37 PRE SCREEN CELLS II 37 DEGREES
PRESCIAHG PRE SCREENING CELLS I AHG
PRESCIIAHG PRE SCREENING CELLS II AHG
PRESCICC PRE SCREEN CELLS I CHECK CELLS
PRESCIICC PRE SCREEN CELLS II CHECK CELL

NAME: PRE TRANSFUSION ABO/RH TYPE
MNEMONIC: PRETYPE ABBR: PRE TX TYPE
DEPT: BBTR SITE: ML TURN AROUND HOURS:

COMPONENTS

PREAA PRETRANSFUSION RXN ANTI-A
PREAB PRETRANSFUSION RXN ANTI-B
PREAD PRETRANSFUSION RXN ANTI-D 86901 CPT-4 91.00 00109
PREAC PRETRANSFUSION RXN A CELL
PREBC PRETRANSFUSION RXN B CELL
XPREBT PRE TRANSFUSION BLOOD TYKPE
PREBT PRETRANSFUSION BLOOD TYPE COMP

NAME: PRE TRANSFUSION BLOOD TYKPE
MNEMONIC: XPREBT ABBR: PRE TRANSF BT
DEPT: BBTR SITE: ML TURN AROUND HOURS:

NAME: PRE TRANSFUSION RXN XM
MNEMONIC: PRETRANXM ABBR: PRE RXN XM
OTHER MNEMONIC:
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: 86920 CPT TYPE: CPT-4 CHARGE: 73.00 BILLING CD: 09611

COMPONENTS

NPREXM? NEED ANOTHER PRETRANF GELXM?
PRE TX XM PRE TRANSFUSION XM
PREXM37 PRE TRANSFUSION XM 37
PREXMAHG PRE TRANSFUSION XM AHG
PREXMCC PRE TRANSFUSION XM CHECK CELLS

NAME: PRE TRANSFUSION XM IS
MNEMONIC: PREXMIS ABBR: PRE XM IS
PENDING MESSAGE:
CROSSMATCH REQUIRES MINIMUM 45 MIN FROM SPECIMEN RECEIPT

COMPONENTS

XMISP XM IMMEDIATE SPIN - PATIENT

NAME: PRE WARM ANTIBODY SCREEN
MNEMONIC: PWS ABBR: PRE WARM AB SCR
COMPONENTS



**HOSPITAL ACMH BLOOD BANK TEST DICTIONARY
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SCIPW	SCREEN CELL I PREWARM 37 PHASE
SCIIPW	SCREEN CELL II PREWARM 37 PHAS
SCIIIPW	SCREEN CELL III PREWARM 37PHAS
SC I PREW	SCREEN CELL I PREW AHG PHASE
SC II PREW	SCREEN CELL II PREWARM AHG PHA
SCIII PRE	SCREEN CELL III PREW AHG PHASE
SCIPWCC	S CELL I PRE WARM COOMBS CONT
SCIIPWCC	S CELL II PRE WARM COOMB CONT
SCIII PW C	SCREENING CELLS III CHECK CELL

NAME: PREVIOUS BLOOD TYPE ON FILE	
MNEMONIC: MOMBT	ABBR: PREV BLOOD TYPE

NAME: PT ANTIGEN TYPE done at CBB	
MNEMONIC: CBB-AGTYPE	ABBR: CBB PT AG TYPE
DEPT: BBC	SITE: ITXM TURN AROUND HOURS:
CPT: 86905	CPT TYPE: CPT-4 CHARGE: 94.00 BILLING CD: 66765



NAME: RETYPING OF UNITS	
MNEMONIC: RETYPE	ABBR: RETYPE
DEPT: BBK	SITE: ML
TURN AROUND HOURS:	
CONTAINER: 12 X 75	
COMPONENTS	



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**ACMH BLOOD BANK TEST DICTIONARY
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AA	ANTI-A	86900				
AB	ANTI-B					
AD4	ANTI-D SERIES 4	86901	CPT-4	91.00	00109	
AD5	ANTI-D SERIES 5					
DCTL	D CONTROL					
BTU	UNIT RETYPE					



HOSPITAL **ACMH BLOOD BANK TEST DICTIONARY**
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APPEARANCE APPEARANCE OK?

NAME: RH TYPE ONLY
MNEMONIC: RH TYPE ONLY ABBR: RH TYPE
OTHER MNEMONIC: D TYPING ONLY
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: 86901 CPT TYPE: CPT-4 CHARGE: 91.00 BILLING CD: 00109
CONTAINER: PINK
ALQUOT: PINK MIN ML: 1 MAX ML: 1

NAME: RH TYPING done at CBB
MNEMONIC: CBB-RHTYPE ABBR: CBB RH TYPING
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86901 CPT TYPE: CPT-4 CHARGE: 91.00 BILLING CD: 66717

NAME: RHOG WORUP POST DEL(FOR BBANK)
MNEMONIC: RHOGWORKUP ABBR: RHOG WORUP
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: CPT TYPE: CHARGE: BILLING CD:
PENDING MESSAGE:
ALLOW 1 HR MINIMUM FOR RHOGAM AFTER ORDER
COMPONENTS
NBT2 NEED BLOOD TYPE #2?
RHOORD ORDER RHOGAM VIAL?
FTLS FETAL BLEED SCREENING 85461 CPT-4 84.00 00028

NAME: RHOGAM AMNIO
MNEMONIC: RHOAMNIO ABBR: RHOGAM AMNIO
CONTAINER: PINK
COLLECTION INSTRUCTION
ASK Y OR N IF PT IS PREGNANT OR RECD BLOOD IN 3 MONTHS
ALQUOT: PINK MIN ML: 1 MAX ML: 1

NAME: RHOGAM ECTOPIC
MNEMONIC: RHOECTOP ABBR: RHOGAM ECTOPIC
DEPT: BBK SITE: ML TURN AROUND HOURS:



HOSPITAL **ACMH BLOOD BANK TEST DICTIONARY**
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CONTAINER: PINK
COLLECTION INSTRUCTION
ASK Y OR N IF PT IS PREGNANT OR RECD BLOOD IN 3 MONTHS
ALQUOT: PINK MIN ML: 1 MAX ML: 1

NAME: RHOGAM EVERY 12WKS.PT SPOTTING
MNEMONIC: RHO12WKS ABBR: RHOGAM 12WKS
DEPT: BBK SITE: ML TURN AROUND HOURS:
CONTAINER: PINK
COLLECTION INSTRUCTION
ASK Y OR N IF PT IS PREGNANT OR RECD BLOOD IN 3 MONTHS
ALQUOT: PINK MIN ML: 1 MAX ML: 1

NAME: RHOGAM MANAGED CARE PRENATAL
MNEMONIC: RHOMC ABBR: RHOGAM MC
DEPT: BBK SITE: ML TURN AROUND HOURS:

NAME: RHOGAM MISCARRIAGE
MNEMONIC: RHOMIS ABBR: RHOMIS
DEPT: BBK SITE: ML TURN AROUND HOURS:
CONTAINER: PINK
COLLECTION INSTRUCTION
ASK Y OR N IF PT IS PREGNANT OR RECD BLOOD IN 3 MONTHS
ALQUOT: PINK MIN ML: 1 MAX ML: 1

NAME: RHOGAM ROUTINE PRENAT 26/28WKS
MNEMONIC: RHOPN ABBR: RHOPN
DEPT: BBK SITE: ML TURN AROUND HOURS:
CONTAINER: PINK
COLLECTION INSTRUCTION
ASK Y OR N IF PT IS PREGNANT OR RECD BLOOD IN 3 MONTHS
ALQUOT: PINK MIN ML: 1 MAX ML: 1



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**ACMH BLOOD BANK TEST DICTIONARY
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NAME: RHOGAM?
MNEMONIC: RHOGAM? ABBR: RHOGAM?

NAME: SCREEN INTERPRETATION
MNEMONIC: SCREENINT ABBR: SCREEN INTERP

NAME: SICKLE CELL SCREEN done at CBB
MNEMONIC: CBB-SCSCREEN ABBR: CBB SC SCREEN
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 85660 CPT TYPE: CPT-4 CHARGE: 38.00 BILLING CD: 65138

NAME: THAWING CHARGE
MNEMONIC: THAW ABBR: THAWING CHARGE
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86927 CPT TYPE: CPT-4 CHARGE: 70.00 BILLING CD: 66868

NAME: THERMAL AMPLITUDE done at CBB
MNEMONIC: CBB-THERMAL ABBR: CBB THERM AMP
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86850 CPT TYPE: CPT-4 CHARGE: 86.00 BILLING CD: 63253

NAME: TITER, ANTIBODY
MNEMONIC: TITER ABBR: TITER
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: 86976 CPT TYPE: CPT-4 CHARGE: 70.00 BILLING CD: 00021
CONTAINER: PINK
ALIQOT: PINK MIN ML: 1 MAX ML: 1



HOSPITAL **ACMH BLOOD BANK TEST DICTIONARY**
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NAME: TITRATION done at CBB
MNEMONIC: CBB-TITRATION ABBR: CBB TITRATION
DEPT: BBC SITE: ML TURN AROUND HOURS:
CPT: 86976 CPT TYPE: CPT-4 CHARGE: 70.00 BILLING CD: 66653

NAME: TITRE, ANTIBODY
MNEMONIC: TITRE, ANTIBODY ABBR: TITRE, ANTIBODY
DEPT: BBK SITE: ML TURN AROUND HOURS:
CPT: 86976 CPT TYPE: CHARGE: BILLING CD:
CONTAINER: PINK
ALQUOT: PINK MIN ML: 1 MAX ML: 1

COMPONENTS

TITER	TITER, ANTIBODY	86976	CPT-4	70.00	00021
TITRE, PRE	TITRE, ANTIBODY PREVIOUS SPEC	86976			

NAME: TRAMSFUSION RXN DAT
MNEMONIC: RXN DAT ABBR: RXN DAT
CONTAINER: PINK
PENDING MESSAGE:
ALLOW MINIMUM OF 30 MIN FROM SPECIMEN RECEIPT FOR COMPLETION

COMPONENTS

POLY	POLYSPECIFIC DC	86880	CPT-4	38.00	63770
POST TX DA	POST TX DAT IGG	86880	CPT-4	38.00	63778
C3D	ANTI-COMPLEMENT C3B,-C3D	86880	CPT-4	38.00	63786
IGGCC	IGG COOMBS CONTROL				
CCC	C3BC3D COOMBS CONTROL				
POLYCC	POLYSPECIFIC COOMBS CONTROL				
POST TX DA	POST TX DAT RESULT				

NAME: TRANSFUSION REACTION COMPLETE
MNEMONIC: TXRXN ABBR: TX RXN
CONTAINER: LAV-PEDI
PINK
PENDING MESSAGE:
ALLOW MIN 1 HR FOR PRELIMINARY REPORT AFTER SPECIMEN RECEIPT



**HOSPITAL ACMH BLOOD BANK TEST DICTIONARY
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ALIQUOT: LAV	MIN ML:	1	MAX ML:	1				
PINK	1	1						
COMPONENTS								
UNIT NUMBE	UNIT NUMBER(S) FOR TRANS RXN							
PRE TX DAT	PRE TX DAT IGG	86880	CPT-4	38.00	63778			
PRE TX DAT	PRE TX DAT COMPLEMENT	86880	CPT-4	38.00	63786			
PRE TX DAT	PRE TX DAT RESULT							
PREABS	PRE AB SCREEN	86850	CPT-4	86.00	08842			
POSTABS SC	POST AB SCREEN							
POST TX XM	POST TRANSFUSION XM							
PRE TX XM	PRE TRANSFUSION XM							
PRE TRANSF	PRETRANSFUSION BLOOD TYPE							
ATRINA	TRANSFUSION REACTION INTER							

NAME: TRANSFUSION RXN					
MNEMONIC: TRANSRXN		ABBR: TX RXN ABBR			
OTHER MNEMONIC:					
DEPT: BBTR		SITE: ML		TURN AROUND HOURS:	
CPT: 86078		CPT TYPE: CPT-4		CHARGE: 0.00 BILLING CD: 00093	
CONTAINER: PINK					
ALIQUOT: PINK		MIN ML: 1		MAX ML: 1	
COMPONENTS					
UNIT NUMBE		UNIT NUMBER(S) FOR TRANS RXN			
POST TX DA		POST TX DAT IGG		86880	CPT-4 38.00 63778
POST TX DA		POST TX DAT COMPLEMENT		86880	CPT-4 38.00 63786
POST TX DA		POST TX DAT RESULT			
BLOCCOMP		BLOOD LOC COMPARISON			
CLCHK		CLERICAL CHECK FOR ERRORS			
HEMO?		HEMOLYSIS PRESENT POST PINK?			
PATH		PATH APPROVAL TO RESUME			
NEEDCULT?		DOES UNIT NEED A CULTURE?			
TRNSFRXNIN		TRANSFUSION REACTION INTER			
PATHREMARK		PATHOLOGIST TRANS RXN REMARKS		86078	CPT-4
POSTBT		OSTTRANSFUSION BLOOD TYPE			

NAME: TYPE AND SCREEN	
MNEMONIC: TS	ABBR: TS
OTHER MNEMONIC: INDIRCOOMB	
CONTAINER: PINK	
COLLECTION INSTRUCTION	
ASK Y/N IF PATIENT HAS RECD BLOOD OR BEEN PREG IN 3 MTHS	
PENDING MESSAGE:	
STAT SCREENS REQUIRE MIN 40 MIN AFTER SPECIMEN RECEIPT	
COMPONENTS	
TYPE	BLOOD TYPE PATIENT



**HOSPITAL ACMH BLOOD BANK TEST DICTIONARY
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RH FACTOR	RH FACTOR CPT	86901	CPT-4	91.00	00109
BLOOD TYPE	BLOOD TYPE CPT	86900	CPT-4	57.00	00046
ABSCR	AB SCREEN TO CHOOSE METHOD				

NAME: UNCROSSMATCHED FORM SIGNED?	
MNEMONIC: RELEASEFORM	ABBR: UNCXD FORM SIGN

NAME: UNIT NUMBER(S) FOR TRANS RXN	
MNEMONIC: UNIT NUMBER	ABBR: UNIT NUMBER(S)

NAME: UNIT RETYPE FORWARD					
MNEMONIC: URF		ABBR: BLD TYPE COMPONENTS			
AA	ANTI-A	86900			
AB	ANTI-B				
AD	ANTI-D	86901	CPT-4	91.00	00109
ADAHG	ANTI-D AHG				
ADCC SER4	ANTI-D CC SERIES 4				
DCTL	D CONTROL				
DCTLAHG	D CONTROL AHG				
DCTLCC	D CONTROL CC				
BT2	BLOOD TYPE #2				

NAME: WASHING CELLS CHARGE	
MNEMONIC: WASH	ABBR: WASHING CELLS

NAME: XM FULL TUBE METHOD					
MNEMONIC: XMTUBE		ABBR: XM TUBE			
PENDING MESSAGE:					
CROSSMATCH REQUIRES MINIMUM 45 MIN FROM SPECIMEN RECEIPT					
COMPONENTS					
XMISP	XM IMMEDIATE SPIN - PATIENT				
XM37	XM 37 DEGREES	86921	CPT-4	57.00	53543
XMAHG	XM AHG	86922	CPT-4	272.00	53541
XMCC	XM CHECK CELLS				

NAME: XM GEL POS AB					
MNEMONIC: XM GEL POS AB			ABBR: XM GEL POS AB		
CPT: 86922		CPT TYPE: CPT-4	CHARGE:	272.00 BILLING CD: 53541	
COMPONENTS					
XMAHG	XM AHG	86922	CPT-4	272.00	53541

NAME: XMATCH DONE AT CBB				
MNEMONIC: CBB-XM		ABBR: CBB-XM		
DEPT: BBC	SITE: ML	TURN AROUND HOURS:		
CPT: 86922	CPT TYPE: CPT-4	CHARGE:	272.00	BILLING CD: 66645