












## LABORATORY TUBE COLLECTION QUICK REFERENCE GUIDE

BD VACUTAINER® TUBE	ADDITIVE/ TUBE INVERSIONS	CLOTTING TIME REQUIRED	TESTS COMMONLY ASSOCIATED				
 Marble or Gold (SST)	<ul style="list-style-type: none"> <li>Clot activator and gel for serum separation.</li> <li>5 tube inversions required to ensure mixing of clot activator with blood.</li> </ul>	30 MINUTES	CHEMISTRY PROFILES	ELECTROLYTES	LIPID PANEL	HEPATIC PANEL	HEPATITIS PANEL
			THYROID STUDIES	IRON STUDIES	CANCER MARKERS	LITHIUM	ALCOHOL
			VITAMIN B12	VITAMIN D	HORMONE STUDIES	CARDIAC MARKERS	LIDOCAINE
			FOLATE	THERAPEUTIC DRUGS (Except Carbamazepine)	TRICYCLIC ANTIDEPRESSANTS	SALICYLATE	HOMOCYSTEINE (ON ICE)
 Red	<ul style="list-style-type: none"> <li>Silicone coated (glass)</li> <li>No tube inversions required. No additive.</li> </ul>	60 MINUTES	RHEUMATOID FACTOR	RPR	URIC ACID	PTH	INSULIN
			PREALBUMIN	MAGNESIUM	BHCG	FT3/FT4	DIGOXIN
			AMYLASE	LIPASE	CORTISOL	CRP	C-PEPTIDE
 LIGHT GREEN	<ul style="list-style-type: none"> <li>Lithium heparin and gel for plasma separation</li> <li>8 tube inversions ensure mixing of anticoagulant with blood to prevent clotting.</li> </ul>	NO CLOTTING TIME REQUIRED	<b>PREFERRED FOR ALL STAT GENERAL CHEMISTRY REQUESTS!!</b>				
			CHEMISTRY PROFILES	IONIZED CALCIUM	LIPID PANELS	HEPATIC PANEL	CARDIAC MARKERS
			RHEUMATOID FACTOR	AMMONIA (ON ICE)	THERAPEUTIC DRUGS (Except for VANC & LITHIUM)	BHCG QUANT	
 GREEN	<ul style="list-style-type: none"> <li>Lithium heparin</li> <li>8 tube inversions ensure mixing of anticoagulant with blood to prevent clotting.</li> </ul>	NO CLOTTING TIME REQUIRED	<b>PREFERRED FOR ALL STAT GENERAL CHEMISTRY REQUESTS!!</b>				
			TESTS LISTED ABOVE FOR THE LIGHT GREEN TUBE ARE ACCEPTABLE FOR THIS TUBE				
			CARBAMAZEPINE Avoid SST® blood collection tube is preferred			LACTIC ACID – WHOLE BLOOD (NOT ON ICE)	
 GRAY	<ul style="list-style-type: none"> <li>Sodium Fluoride/Potassium Oxalate</li> <li>8 tube inversions ensure proper mixing of additives with blood.</li> </ul>	NO CLOTTING TIME REQUIRED	LACTIC ACID (ON ICE)				
 PURPLE	<ul style="list-style-type: none"> <li>Spray-coated K2EDTA (plastic)</li> <li>8 tube inversions required to ensure mixing of anticoagulant with blood.</li> </ul>	NO CLOTTING TIME REQUIRED	CBC/PLT COUNT	H&H	SED RATE	BNP	HGBA1C
			CYCLOSPORIN	SICKLE CELL	RETIC	PATH REVIEW	INTRAOP PTH
			VANCOMYCIN	DIRECT COOMBS	RBC FOLATE	PROGRAF	CD3/CD4
			HIV				

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 PINK	<ul style="list-style-type: none"> <li>▪ Spray-coated K2EDTA (plastic)</li> <li>▪ 8 tube inversions prevent clotting.</li> </ul>	NO CLOTTING TIME REQUIRED	RED BLOOD BANK ARMBAND MUST BE COMPLETED AND ATTACHED TO THE PINK TOP!! GLASS RED TOP IS ALSO REQUIRED WHEN A TYPE & SCREEN/CROSSMATCH IS REQUESTED				
			TYPE & RH	TYPE & SCREEN	ANTIBODY SCREEN	CROSSMATCH	RHOGAM WORKUP
 BLUE   CLEAR/BLUE	<ul style="list-style-type: none"> <li>▪ Buffered sodium citrate 0.105 M (≈3.2%) glass</li> <li>0.109 M (3.2%) plastic</li> <li>▪ 3-4 tube inversions ensure proper mixing of anticoagulant with blood.</li> </ul>	NO CLOTTING TIME REQUIRED	PT/INR	PTT	FIBRINOGEN	DDIMER	SPECIAL COAG & FACTOR ASSAYS CALL LAB PRIOR TO COLLECTION
			PFA- 2 GLASS 4.5ML TUBES DO NOT SEND VIA TUBE SYSTEM				
 ROYAL BLUE	<ul style="list-style-type: none"> <li>▪ K2EDTA (plastic)</li> <li>▪ 8 tube inversions ensure proper mixing of anticoagulant with blood.</li> </ul>	NO CLOTTING TIME REQUIRED	LEAD	MERCURY	ALUMINUM-PLASMA		
 ROYAL BLUE	<ul style="list-style-type: none"> <li>▪ Clot Activator (plastic serum)</li> <li>▪ 8 tube inversions required to ensure mixing of clot activator with blood</li> </ul>	30 MINUTES	ZINC				

THIS CHART DOES NOT ENCOMPASS ALL LABORATORY TESTS.

### SPECIMEN LABELING REQUIREMENTS:

**PATIENT MUST BE IDENTIFIED UTILIZING TWO PATIENT IDENTIFIERS (I.E. FIRST AND LAST NAME & DATE OF BIRTH). ALL SPECIMENS MUST BE LABELED IN THE PRESENCE OF THE PATIENT. THE FOLLOWING COMPONENTS MUST BE COMPLETED, AS APPLICABLE:**

NAME: <u>DOE, JANE</u>
DATE OF BIRTH: <u>01/21/1949</u>
DATE OF COLLECTION: <u>09/28/2012</u> TIME: <u>14:52</u>
COLLECTED BY: <u>PEGGY PHLEBOTOMIST</u>
SOURCE (IF APPLICABLE): <u>BLOOD, URINE, CSF, Etc.</u>

Please contact Laboratory Client Services at 212-4400 for any questions.

### ORDER OF DRAW:

