



# Specimen Requirement Chart

Use the test list below to select the correct specimen container and the appropriate number of tubes to be collected.

Plain Red	Plain Red	Light Blue	Gold SST	Gold SST	Gold SST	Gold SST	Royal Blue Plain	Green Heparin	Royal Blue K <sub>2</sub> EDTA	Lavender	Lavender	Gray	
One tube for: Valproic Acid Carbamazepine Digoxin Lithium Phenobarbital Phenytoin Primidone Quinidine Theophylline	One tube for: C-Peptide PTH	One tube for: INR One tube for: APTT	One tube for: Albumin ALP ALT	One tube for: Ferritin FSH FT3 FT4 hCG	One tube for: HDL/LDL ANA	One tube for: C3 C4	One tube for: Copper Zinc	One tube for: Carboxy-hemoglobin Methemoglobin	One tube for: Arsenic Mercury Selenium Manganese	One tube for: Glycosylated Hemoglobin (A1c)	One tube for: Hemoglobin Electrophoresis Hemoglobin Hematocrit Platelets RBC RBC Indices RDW Sed. Rate WBC	One tube for: CBC Blood Film Diff Hemoglobin Hematocrit Platelets RBC RBC Indices RDW Sed. Rate WBC	One tube for: Blood Alcohol Tolerance Test (GTT) One tube for: Glucose
One tube for: Imipramine Desipramine Amitriptyline Nortriptyline	One tube for: Protein C Protein S Activated Protein C Resistance (APCR)	One tube for: Heparin Assays	One tube for: Creatinine Gamma GT Magnesium Phosphorous Potassium Sodium Total Protein Triglycerides Urate Urea	One tube for: DHEAS Estradiol Progesterone PSA Testosterone Thyroid Antibodies	One tube for: Rheumatoid Factor CRP ASO Iron/TIBC Cholinesterase	One tube for: Hepatitis A Hepatitis B Rubella	One tube for: Clonipramine Maprotiline Trimipramine	One tube for: Lead	One tube for: Clonipramine Maprotiline Trimipramine	One tube for: Blood Group Rh Genotype Pre-Natal Screen Direct Antiglobulin Test (DAT)	One tube for: RBC Folate (2 tubes required if CBC not ordered)	One tube for: Sickle Screen Completed Form & one tube for: Lymphocyte markers CD4/CD8	One tube for: Tachinus
One tube for: Antikacin Gentamicin Tobramycin	One tube for: Anti-Thrombin III	One tube for: Anti-Phospholipid	One tube for: Serum Folate Vitamin B12	Completed form & one tube for: Maternal Serum Screening (MSS/IPS)	Completed form & one tube for: Hepatitis C								
Centrifuge Aliquot Store Serum Refrigerated		Coagulation Inhibitors Added	Centrifuge Store SST Refrigerated			Centrifuge Aliquot Store Serum Refrigerated	Refrigerate Whole Blood	Centrifuge Aliquot Store Plasma Refrigerated	Refrigerate Whole Blood	Room Temperature Whole Blood	Refrigerate Whole Blood		

### Important Notes:

1. ALLOW BLOOD TUBES TO FILL COMPLETELY TO ENSURE ACCURATE RESULTS
  2. Both Royal Blues, Lavender, Light Blue, Gray and SST tubes must be mixed by gently inverting.
  3. If delivery to a testing laboratory is delayed greater than 4 hours, follow the storage requirements listed under each column. Otherwise the tube may be kept at room temperature until courier pick-up.
- NOTE: ALLOW BLOOD TO CLOT AT ROOM TEMPERATURE FOR 30 MINUTES BEFORE CENTRIFUGING

### Coagulation Instructions:

1. For INR – transport unspun at room temperature within 24 hours
  2. For APTT:
    - \* Centrifuge specimen for 15 minutes and aliquot the upper 2/3 of the plasma into an aliquot tube.
    - \* Freeze immediately. Sample must be transported in a frozen state.
  3. For all other Coagulation Assays:
    - \* Centrifuge specimen for 15 minutes and separate the plasma into an aliquot tube and cap.
    - \* Centrifuge this plasma for another 15 minutes and pipette all but the bottom 0.5ml into 2 transport tubes and cap.
    - \* Indicate #1 & #2 on the tubes. Freeze immediately. Samples must be transported in a frozen state.
- NOTE: SAMPLES WILL BE REJECTED IF NOT RECEIVED IN A FROZEN STATE

For handling requirements not included on this chart, call 416 5-3637 or toll free 1-877-849-3637