

Pathology and Laboratory Medicine
COLCHESTER EAST HANTS HEALTH CENTRE

Specimen Collection Requirements

The following is a job aid listing the specimen collection requirements for laboratory testing at Colchester East Hants Health Center. Specimens must be accompanied by the Patient Information Form G09.

EST: Fasting tests	HOURS OF FAST	COLLECTION TUBE
Cholesterol, Trigs & HDL	12 hours	3 ml green (light green capped lithium Heparin gel separator)
Glucose (AC)	8 Hours	3 ml green (light green capped lithium Heparin gel separator)

CHEMISTRY

If combinations of these tests are ordered, one 3ml light green lithium heparin gel separator, or one 4ml sodium heparin or one gold top STT or red top tube will be sufficient for each order set.

Note: If collecting more than five tests that require a red top tube, collect a 10ml red top tube to ensure there is enough serum for testing.

Each order set requires a separate tube to be collected. Refer to the tables below for collection tube requirements.

Order set one

TEST NAME	COLLECTION TUBE
Albumin	3 ml green (light green capped lithium Heparin gel separator)
ALP (Alkaline Phosphatase)	3 ml green (light green capped lithium Heparin gel separator)
ALT (SGPT)	3 ml green (light green capped lithium Heparin gel separator)
Amylase	3 ml green (light green capped lithium Heparin gel separator)
AST	3 ml green (light green capped lithium Heparin gel separator)
Bilirubin, Direct	3 ml green (light green capped lithium Heparin gel separator)
Bilirubin, Total	3 ml green (light green capped lithium Heparin gel separator)
Calcium	3 ml green (light green capped lithium Heparin gel separator)
Cholesterol	3 ml green (light green capped lithium Heparin gel separator)
CK (CPK)	3 ml green (light green capped lithium Heparin gel separator)
Creatinine	3 ml green (light green capped lithium Heparin gel separator)
CRP	3 ml green (light green capped lithium Heparin gel separator)
Direct Bilirubin	3 ml green (light green capped lithium Heparin gel separator)
(T)CO2	3 ml green (light green capped lithium Heparin gel separator)

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Electrolytes (Sodium, Potassium & Chloride)	3 ml green (light green capped lithium Heparin gel separator)
Gamma GT (GGT)	3 ml green (light green capped lithium Heparin gel separator)
Glucose AC	3 ml green (light green capped lithium Heparin gel separator)
Glucose Random	3 ml green (light green capped lithium Heparin gel separator)
Glucose PC	3 ml green (light green capped lithium Heparin gel separator)
HCG (Quantitative)	3 ml green (light green capped lithium Heparin gel separator)
HCG (Serum Qualitative)	4 ml red (no anticoagulant-serum)
HDL Cholesterol	3 ml green (light green capped lithium Heparin gel separator)
Iron, TIBC & % Saturation	3.5 ml Gold Top SST (no anticoagulant):Iron only -serum or plasma (light green capped lithium heparin separator), <u>TIBC- serum</u>
LD (LDH)	3 ml green (light green capped lithium Heparin gel separator) <u>* Must have a clinical note to be tested.</u>
Lipase	3 ml green (light green capped lithium Heparin gel separator)
Phosphorus	3 ml green (light green capped lithium Heparin gel separator)
Triglycerides	3 ml green (light green capped lithium Heparin gel separator)
Troponin I	3 ml green (light green capped lithium Heparin gel separator)
Urea (BUN)	3 ml green (light green capped lithium Heparin gel separator)
Uric Acid	3 ml green (light green capped lithium Heparin gel separator)

Order set two

TEST NAME	COLLECTION TUBE
Acetaminophen	4 ml green (sodium heparin)
Alcohol (Ethanol)	4 ml green (sodium heparin)
Digoxin	3 ml green (light green capped lithium Heparin gel separator)
Dilantin (Phenytoin)	4 ml red (no anticoagulant) or sodium heparin (Do not use gel separators)
Epival (Valproate)	4 ml red (no anticoagulant) or sodium heparin (Do not use gel separators)
Gentamicin	4 ml red (no anticoagulant) or sodium heparin (Do not use gel separators)
Lithium	4 ml green (sodium heparin)
Salicylate	4 ml green (sodium heparin)
Tegretol (Carbamazepine)	4 ml red (no anticoagulant) or sodium heparin (Do not use gel separators)
Vancomycin	Sodium heparin or 4 ml red (no anticoagulant) (Do not use gel separators)
Tobramycin	4 ml red (no anticoagulant) or sodium heparin (Do not use gel separators)

Order set three

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TEST NAME	COLLECTION TUBE
Ca125	3.5 ml Gold Top SST –Serum separator tube (no anticoagulant)
CEA	3.5 ml Gold Top SST –Serum separator tube (no anticoagulant)
Cortisol	3.5 ml Gold Top SST –Serum separator tube (no anticoagulant)
Estradiol	3.5 ml Gold Top SST –Serum separator tube (no anticoagulant)
Ferritin	3.5 ml Gold Top SST –Serum separator tube (no anticoagulant)
Folate	3.5 ml Gold Top SST –Serum separator tube (no anticoagulant)
Free T3	3.5 ml Gold Top SST –Serum separator tube (no anticoagulant)
FSH	3.5 ml Gold Top SST –Serum separator tube (no anticoagulant)
LH	3.5 ml Gold Top SST –Serum separator tube (no anticoagulant)
PSA	3.5 ml Gold Top SST –Serum separator tube (no anticoagulant)
TSH & Free T4	3.5 ml Gold Top SST –Serum separator tube (no anticoagulant)
Vitamin B12	3.5 ml Gold Top SST –Serum separator tube (no anticoagulant)

Order set four

TEST NAME	COLLECTION TUBE
Hepatitis B Antibody	10 ml red (no anticoagulant)
Hepatitis B Antigen	10 ml red (no anticoagulant)
Hepatitis C Antibody	10 ml red (no anticoagulant)
HIV	10 ml red (no anticoagulant)

Order set five

TEST NAME	COLLECTION TUBE
Ionized Calcium	4 ml green (lithium heparin)
Lactate	4 ml green (lithium heparin)
Venous Blood gas	4 ml green (lithium heparin)

Order set six

TEST NAME	COLLECTION TUBE
Hemoglobin A1C	4 ml mauve (EDTA)

COAGULATION

The blue tube must be properly filled. Can do all tests listed with one tube.

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TEST NAME	COLLECTION TUBE/TESTING REQUIREMENTS
PT/INR (PROTHROMBIN TIME)	2.7 ml blue (3.2% sodium citrate)
APTT (Activated Partial Thromboplastin Time)	2.7 ml blue (3.2% sodium citrate)
Fibrinogen Screen	2.7 ml blue (3.2% sodium citrate)
D-Dimer	2.7 ml blue (3.2% sodium citrate)

TRANSFUSION SERVICES (BLOOD BANK)

TEST NAME	COLLECTION TUBE
*Antibody Screen or *Blood Group (ABO/Rh) or *Prenatal screen	2 x 7mL pink top (EDTA)
*Crossmatch or *Pre-Op Antibody Screen*	3 x 7mL pink top (EDTA)
Cold agglutinins	1 x 10mL red top (no anticoagulant). DO NOT collect after 11am.

For Cross Matches the following information is required:

- Previous transfusion history
- Any known antibodies should be noted
- Please note if the client has been pregnant within the last 3 months

Label tubes with:

- Patient's First and Last name
- HCN
- Date of Collection
- Time of Collection
- Collector's initials
- Witness Initials

The Blood Bank requisition must include:

- The collector's signature: First and Last name (Initials for first name are no acceptable)
- The date of collection and the time of collection.
- Witness signature: First and Last name (**Initials for first name are not acceptable**)
- Witness must date and time requisition as well.
- Witness time must be the same or before the collection time. It should not be after collection time.

All signatures must be legible. If not, just print name below signature.

Appendix A: Example of a completed Blood Bank Requisition.

Note: Collector please verify that the collection time on the specimen labels matches the requisition. If there is a discrepancy between these, the Blood Bank department could reject the specimens. Take that extra minute to review all tubes and requisitions for completion.

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SEROLOGY (separate tubes)

If more than 3 tests are ordered in combinations one 10 ml red (no anticoagulant) will be sufficient.

TEST NAME	COLLECTION TUBE
ASOT	4 ml red (no anticoagulant)
H.pylori	4 ml red (no anticoagulant)
Latex fixation (RF/RA Factor)	4 ml red (no anticoagulant)
Monotest (Mono	4 ml red (no anticoagulant)
VDRL (Syphilis/ RPR)	4 ml red (no anticoagulant)

HEMATOLOGY

If combinations of these tests are ordered, one 4 ml mauve top tube will be sufficient.

Can do all the tests listed with one tube.

TEST NAME	COLLECTION TUBE
CBC (complete blood count)	4 ml mauve (EDTA)
ESR	4 ml mauve (EDTA)
Platelet count	4 ml mauve (EDTA)
Retic count	4 ml mauve (EDTA)

URINALYSIS

Early morning urine specimen is best. Testing must be done within 2 hours of collection. Please deliver specimen to Laboratory within 1.5 hours of collection.

TEST NAME	COLLECTION TUBE
Microalbumin (screen)	Urine
Pregnancy test urine	Urine
Urinalysis	Urine

OTHER TESTS

Drug Screen	50 ml urine (In-house collection only)
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HCV PCR	4 ml red (no anticoagulant)
HLA Testing	special requisition with tube requirements, the collection portion of the requisition must be completely filled in with the name & signature of the phlebotomist and the collection date & time.
HIV viral Load	2-4 ml mauve (EDTA)
T-cell subset	1-4ml mauve (EDTA) plus CBC must be done. Must arrive in Lab by 0930am. <u>Do not collect on Friday.</u>

<p>Therapeutic Drug Testing Collection Criteria (ie. when to collect sample)</p>	<p>Carbamazepine (Tegretol)-Immediately prior to next dose Clonazepam-3 to 5 hours after dose Diazepam-3 to 5 hours after oral dose; 1 hour after IM dose Digoxin-Preferably immediately prior to next dose (but can be done any time 6-8 hours after dose).2 to 4 hours after loading dose for a peak level (IV) Ethosuximide- Preferably immediately prior to next dose (but at least 3 – 7 hours after dose) Lidocaine-12 hours after start of infusion and every 24 hours after for duration of infusion Lithium-Immediately prior to next dose Oxazepam-2 to 3 hours after dose Phenobarbital-Immediately prior to next dose Phenytoin- (Dilantin)-Immediately prior to next dose; 1-4 hours post IV loading dose for peak level Primidone-Immediately prior to next dose Procainamide-Immediately prior to next dose (at least 6-8 hours post dose) Salicylate-Serial levels every 1-2 hours until level peaks and starts to decline Theophylline-Intravenous infusion: 30 minutes after start of infusion, 6 – 12 hours after start of infusion and every 24 hours thereafter for duration of infusion Oral sustained release: 3-7 hours after dose if given every 12 hours or 8-12 hours after dose if given once daily. Valproic acid (Epival level)-Immediately prior to next dose</p>
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<p>Antibiotic Levels Collection Criteria (ie. when to collect sample)</p>	<p>Amikacin / Gentamicin / Tobramycin Pre – dose - immediately prior to next dose (within 30 minutes). Post Dose - 30 minutes after a 0.5 -1 hour infusion 1 hours following IM injection</p> <p>Extended Interval dosing - 6 hours before next dose eg. 18 hours post dose for a 24 hour dose or 30 hours post dose for a 36 hour dose No pre-dose collection required.</p> <p>Vancomycin Pre- Dose – immediately prior to next dose (within 30 minutes). No post dose collection required</p> <p>Note: Please give lab notice with these close intervals-especially after hours, ie. Call a few minutes before infusion is complete.</p>
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