Phlebotomy Made Simple
Always fill out the lab requisition completely. Be sure to include:

- Patient information – name, SS #, DOB, sex
- Ordering physician
- Any additional physicians who need copies
- Diagnosis Code(s)
- Additional billing information
- Skilled or unskilled (if applicable)
- Test or tests
- If a therapeutic drug level, include the date, time, and amount of last dose
- Whether or not the patient is fasting

Urinalysis: Label the container with the patient name, date and time of collection

Call the PLS Courier as soon as possible.

QUESTIONS??

Call PLS Client Services with any questions -785-539-5363, ext. 165 or 127 (Out of town, call 800-876-5522)
(SST/Tiger Top) Serum Separator
(NSST/Red Top) Non Serum Separator
(EDTA Plasma or Whole BI Lavender Top)
(Citrated Plasma or Whole Blue Top)
(EDTA Tan or Royal Blue Top)

*S Not highlighted? See reference manual
Order of Draw

Tubes need to be drawn in a specific order to prevent carryover of the additives from one tube to another. Don’t need one of the tubes on the list? Then just go on to the next one.

1. Blood culture (if ordered)
2. Sodium Citrate (light blue, for protime, PTT or other coagulation tests)
3. Serum tubes, with or without gel. (Red top or red top with a yellow center.)
4. Heparin tubes, with or without gel. (Green top.)
5. EDTA tubes (lavender top) for CBC or “blood count”.
6. Glycolytic inhibitor, e.g. gray stopper

Gently invert all tubes several times after they are drawn. Inverting the tubes gently will prevent clotting in the blue, green, lavender or gray top tubes and will promote clotting in the red top tubes

Butterflies and Blue top tubes

Blue top tubes (PT and/or PTT) must be filled properly in order to maintain a certain blood to anticoagulant ratio. If a butterfly is used for the collection, draw a red top tube first (it doesn’t have to be full). This step removes the dead air space from the tubing. If the air isn’t removed, the blue top won’t fill properly and the results may be affected
LABELING

Proper identification of each specimen is equally as important as its quality.

PRINT the following information on each tube or container:

Patient First and Last Name
Date and time of collection
Initials of person who collected the sample

Request forms and specimens must have identical patient identification information

SPECIMEN REJECTION CRITERIA

Specimens may be rejected due to any of the following reasons

Improper or illegible labeling,
Incorrect specimen type
Improper specimen collection
Hemolysis or Lipemia of the specimen
Clots in whole blood specimens
Specimen too old
Improper specimen transport
GENERAL CONSIDERATIONS OF BLOOD COLLECTION

♦ The tubes are designed to fill with a predetermined volume of blood by vacuum. The rubber stoppers are color coded according to the additive that the tube contains. Blood should NEVER be poured from one tube to another since the tubes can have different additives or coatings.

♦ The tubes fill automatically to a premeasured amount depending on the amount of vacuum. Some tubes will fill completely and some tubes fill partially.

♦ Tubes with anticoagulant should be filled completely; but NEVER overfilled.

♦ Do Not Force Blood Into Tube with a Syringe. (Doing so may cause hemolysis)

♦ Invert tubes with anticoagulant gently but thoroughly five or six times to mix the blood with the anticoagulant.

♦ Invert SST tubes two times to mix blood with the clot activator coating the sides of the tube.

♦ If a vacuum tube fills slowly due to incomplete venipuncture, damage to red cells may result. (Hemolysis)

Contact courier for specimen pick up.

♦ If appropriate, centrifuge specimen. Submit SST or Gel tubes after centrifugation.
♦ Plasma should be removed from cells and transferred to an appropriately labeled plastic transport tube unless the specimen is sent to the laboratory within an hour.
Needle positioning and failure to draw blood

**Correct insertion technique:**
Blood flows freely into needle.

**Incorrect insertion:**
- Bevel on lower wall of vein does not allow blood to flow.
- Bevel on upper wall of vein does not allow blood to flow.
- Needle partially inserted into vein causes blood leakage into tissue.
- Needle inserted through both vein walls.
-Collapsed vein.