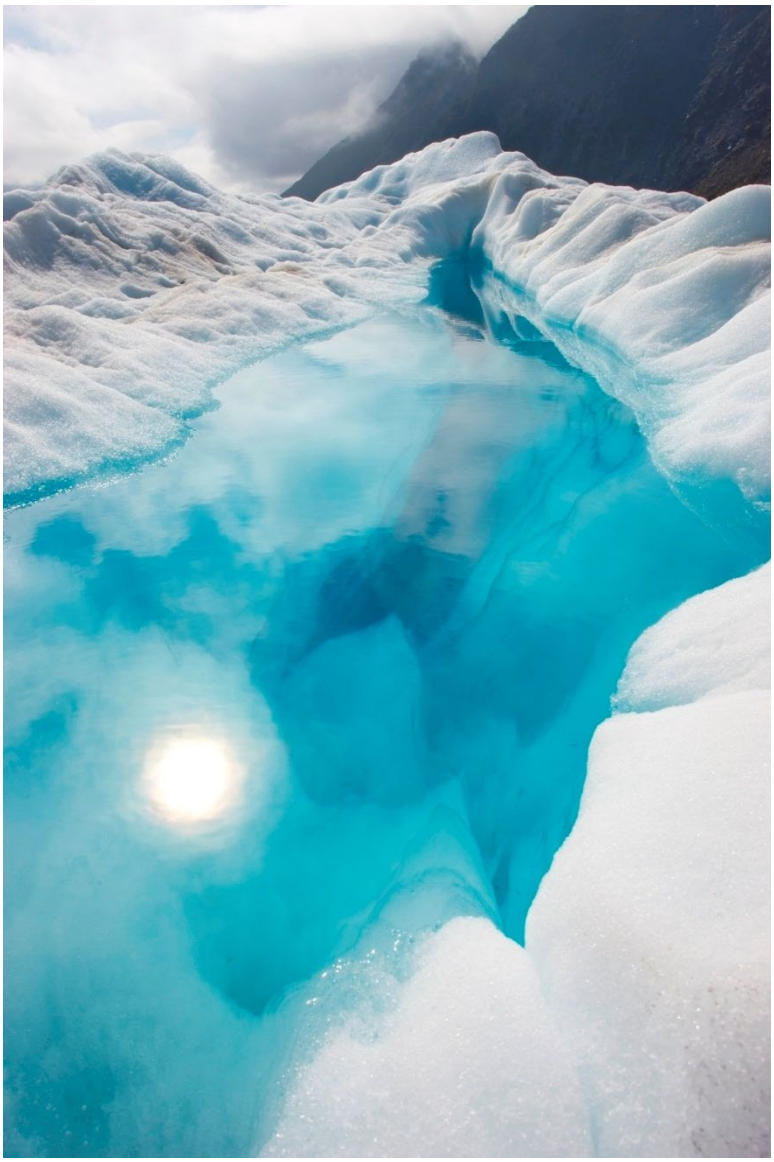

Acadia St Landry Hospital

CLIENT SERVICE MANUAL

ACADIA ST. LANDRY Hospital

Table of Context

ACADIA ST. LANDRY Hospital

Mission Statement

To give excellent patient care with touching hands, caring hearts, and healing minds with great expectations of a better tomorrow

Laboratory Information

Acadia St Landry Hospital

810 S. Broadway St

Church Point, La 70525

Phone Number: 337-684-5435

Hours of Operation

24/7

ACADIA ST. LANDRY Hospital

GENERAL GUIDELINES:

1) **All unspun blood samples are to be received into the laboratory within 60 minutes from the time of collection. If not received within the 60-minute time frame the sample will be rejected.**
2) **Patient blood samples that have been collected and centrifuged are to be transported and received at the temperatures found in the sample requirements in the following charts. Samples will be monitored at the hospital to assure that samples are maintained at the appropriate temperature – if the samples are not received at the required temperature the samples will be rejected.**
3) **If the test you are looking for is not listed in the test menu – please call the laboratory for specific specimen requirements.**

TEST MENU

Test/Panel	Collection Requirements	Additional Requirements	Stability at Room Temp	Stability Stored 2-8 °C
CBC (Compete Blood Count) with differential				
WBC, RBC, HGB, HCT, PLT (includes red cell indices MCV, MCH, MCHC, RDW)	Lavender top	Minimum 1/2 full	24 hours	48 hours @ 4 °C
Auto diff includes % Segs, Lymphs, Eos, Monos, and Basos	Lavender top	Minimum 1/2 full	24 hours	48 hours @ 4 °C
Manual differential performed as needed or requested	Lavender top	Minimum 1/2 full	24 hours	24 hours
H&H only	Lavender top	Minimum 1/2 full	24 hours	48 hours @ 4 °C
CMP (Complete Metabolic Panel)				
Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, CO2, Calcium, Albumin, ALT, AST, Alkaline Phos, Total Protein, Total Bili	Green or Red top	Must be separated within 1 hours	8 hours	2 days
BMP (Basic Metabolic Panel)				
Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, CO2, Calcium	Green or Red top	Must be separated within 1 hours	8 hours	2 days
Hepatic Profile				
ALT, AST, Alkaline Phos, Total Protein, Albumin, Total Bilirubin, Direct Bilirubin	Green or Red top	Must be separated within 2 hours	N/A	3 days
Renal Panel				
Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, CO2, Calcium, Phos, Albumin	Green or Red top	Must be separated within 1 hours	8 hours	2 days
Cardiac Panel				
CK, CKMB, Troponin-I High Sensitivity	Green or Red top	Must be separated within 2 hours	8 hours	2 days
Thyroid Profile				
TSH, FT4, T3 Uptake	Green or Red top	Must separate within 2 hours	8 hours	2 days
Lipid Profile				
Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol	Green or Red top	Must be separated within 2 hours	8 hours	2 days
Acetaminophen	Green or Red top	Must be separated within 2 hours	8 hours	2 weeks
Albumin (Alb)	Green or Red top	Must be separated within 2 hours	8 hours	2 days
Alkaline phosphatase (ALP)	Green or Red top	Must be separated within 2 hours	8 hours	7 days
Alanine transaminase (ALT)	Green or Red top	Must be separated within 2 hours	N/A	7 days

Individual Test/Panel	Collection Requirements	Additional Requirements	Stability at Room Temp	Stability Stored 2-8 °C
Ammonia (Ammon)	Green top	Centrifuge immediately	Perform w/in 20 minutes	N/A
Amphetamine (Amph)	Urine	fresh - if turbid must be centrifuged	Immediately	24 hours
Amylase (Amy)	Green or Red top	Must be separated within 2 hours	7 days	6 months
Aspartate transaminase (AST)	Green or Red top	Must be separated within 2 hours	3 days	7 days @ 4 °C
Barbiturate (Barb)	Urine	fresh - if turbid must be centrifuged	Immediately	24 hours
Benzodiazepine (Benz)	Urine	fresh - if turbid must be centrifuged	Immediately	24 hours
Beta Human Chorionic Gonadatropin (BHCG) total	Green or Red top	Must be separated within 2 hours	24 hours	48 hours
Bilirubin Direct (Dbil)	Green or Red top	Must be separated within 2 hours	8 hours	7 days
Bilirubin Total (Tbil)	Green or Red top	Must be separated within 2 hours	8 hours	7 days
Blood Urea Nitrogen (BUN)	Green or Red top	Must be separated within 2 hours	3 days	7 days
Calcium (CA)	Green or Red top	Must be separated within 2 hours	8 hours	2 days
Cannabinoids (THC)	Urine	fresh - if turbid must be centrifuged	Immediately	24 hours
Chloride/Sodium/Potassium (CL/NA/K)	Green or Red top	Must be separated within 2 hours	1 week	1 week
Cholesterol (Chol)	Green or Red top	Must be separated within 2 hours	8 hours	2 days
Carbon Dioxide (CO2)	Green or Red top	Must be separated from cells promptly	8 hours (unopened)	2 days (unopened)
Cocaine (COC)	Urine	fresh - if turbid must be centrifuged	Immediately	24 hours
Creatine Kinase (CK)	Green or Red top	Must be separated within 2 hours	N/A	7 days
Creatine Kinase-MB (CK-MB)	Green or Red top	Must be separated within 2 hours	N/A	24 hours
Creatinine (Creat)	Green or Red top	Must be separated within 2 hours	24 hours	serum - 7 days urine - 4 days

Individual Test/ Panel	Collection Requirements	Additional Requirements	Stability at Room Temp	Stability Stored 2-8 °C
Creatinine (Creat)	Green or Red top	Must be separated within 2 hours	24 hours	serum - 7 days urine - 4 days
Digoxin (DIG)	Green or Red top	Must be separated within 2 hours	8 hours	7 days
Ethyl Alcohol (ETOH)	Green or Red Top; Collect with non-alcohol germicidal	Must be separated within 2 hours	2 days	2 weeks (serum)
Free Thyroxine (FT4)	Green or Red top	Must be separated within 2 hours	24 hours	14 days
Glucose (Glu)	Gray or Red Top	Must be separated within 1 hours	8 hours @ 25 °C	72 hours @ 4 °C
HDL-Cholesterol (HDL)	Green or Red top	Must be separated within 2 hours	8 hours	7 days
HbA1C	Lavender Top	N/A	3 days	7 days
Lactate Dehydrogenase (LDH)	Green or Red Top	Must be separated within 2 hours	3 days	DO NOT REFRIGERATE OR FREEZE
LDL-Cholesterol (LDL)	Green or Red Top	Must be separated within 2 hours	24 hours	3 days
Lipase (Lip)	Green or Red Top	Must be separated within 2 hours	24 hours	7 days
Magnesium (MG)	Green or Red Top	Must be separated within 2 hours	7 days	7 days
Methadone (Meth)	Urine	turbid specimens must be centrifuged	Immediately	24 hours
Opiate (OPI)	Urine	turbid specimens must be centrifuged	Immediately	24 hours
Phencyclidine (PCP)	Urine	turbid specimens must be centrifuged	Immediately	24 hours
Phenytoin (PTN)	Green or Red Top	Must be separated within 2 hours	24 hours	48 hours
Phosphorous (Phos)	RED TOP ONLY	Must be separated within 2 hours	8 hours	2 days
Prealbumin	Green or Red Top	Must be separated within 2 hours	8 hours	2 days
Pro B natriuretic peptide (proBNP)	Green or Red top	Must be separated within 2 hours	3 days	3 days
Prostate Specific Antigen (PSA)	Red top	Must be separated within 2 hours	Immediately	8 hours @ 4 °C

Individual test/ Panel	Collection Requirements	Additional Requirements	Stability at Room Temp	Stability Stored 2-8 °C
Salicylate	Green or Red Top	Must be separated within 2 hours	7 days	2 weeks
Thyroid Stimulating Hormone (TSH)	Green or Red top	Must be separated within 2 hours	1 day	7 days
T3 Uptake	Green or Red Top	Must be separated within 2 hours	8 hours	2 days
Total T4	Green or Red Top	Must be separated within 2 hours	7 days	7 days
Total Protein (TP)	RED TOP ONLY	Must be separated within 2 hours	8 hours	3 days
Triglyceride (Trig)	Green or Red Top	Must be separated within 2 hours	8 hours	48 hours
Troponin-I High Sensitivity	Green or Red top	Must be separated within 2 hours	Immediately	2 days
Uric Acid (Uric)	Green or Red Top	Must be separated within 2 hours	1 day	5 days
Valproic Acid (VALP)	Green or Red Top	Must be separated within 2 hours	8 hours	48 hours
Vancomycin (Vanc)	Green or Red Top	Must be separated within 2 hours	8 hours	48 hours
Coagulation Tests				
Protime (PT) / INR	Blue Top	Must be full/ must be separated within 2 hours	24 hours	N/A
APTT	Blue Top	Must be full/ must be separated within 2 hours	4 hours	N/A
D-dimer	Blue Top	Must be separated within 2 hours	4 hours	N/A
Drug Screen EIA (on instrument)				
Amphetamines	Fresh urine specimen in plastic or glass container tested immediately or refrigerated for up to 24 hours.			
Methamphetamines				
Opiates				
Oxycodone				
THC				
Benzodiazepines				
Barbiturates				
Cocaine				
Miscellaneous Tests				
Acetone; Serum	Red, green or purple top	perform on fresh specimens	2 hours	48 hours
COVID Antigen	Anterior Nasal Swab	perform on fresh specimens	Immediately	N/A
ESR	Lavender top	Must be full	4 hours	24 hours

Individual Test/Panel	Collection Requirements	Additional Requirements	Stability at Room Temp	Stability Stored 2-8 °C
Fecal Occult Blood (Guiac)	Stool Sample			
hcG urine	Fresh Urine	first morning best	8 hours	3 days
hcG serum	Red top			48 hours
H. pylori Ab	Lavender top			2 days
Influenza A&B	Nasal Swab	after adding reagent solution	12 hours	
MonoTest	Red and Lavender top		24 hours Red/Lavender	48 Hours serum only
Mycoplasma	Red Top	separate within 2 hours of collection	tested ASAP	72 hours
RSV (Negative samples submitted for confirmation)	Nasal Wash	process as soon as possible		48 hours
Strep A; Rapid (Negative Samples submitted for confirmation)	Throat Swab		24 hours Red/Lavender	48 hours
Urinalysis (Microscopic performed as requested of as necessary)	Fresh Urine	Refrigerate if not submitted immediately		24 hours
Urinalysis Culture if Positive (Culture submitted to reference lab if Nitrite or Leukocytes positive on dip or >10 WBCs with bacteria present on microscopic analysis)	Fresh Urine	Refrigerate if not submitted immediately		24 hours
Urine Drug Screen (UDS) - Rapid (Positive samples submitted to reference lab for confirmation)	Fresh Urine	Refrigerate if not submitted immediately	8 hours	3 days

TEST REQUISTION

All requests for laboratory tests should be made in writing from licensed physician, dentist or other personnel who are authorized by law to request and use findings of laboratory examinations.

Licensed Laboratory personnel may accept verbal/phone orders from a physician. Verbal orders are discouraged for routine use and should only be allowed in emergent situations. When a verbal order is accepted a written request must be obtained within 30 days of the verbal request.

Requests must be legible and complete. In the event there is a question concerning the order, the requesting individual should be contacted for clarification.

Requests must include all the following required information:

a. Name and address of authorized person requesting the test
b. Patient Name
c. Patient's Gender
d. Date of Birth
e. Requested Test(s)
f. Source of the specimen
g. Collection Date and Time
h. Any additional information relevant and necessary for a specific test to ensure accurate and timely testing and reporting of test results.

ACADIA ST. LANDRY Hospital

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LAB REQUISITION FORM

810 S. Broadway St
Church Point, LA 70525
337-684-5435

Patient Name: _____ DOB: _____ Gender: ___Male ___Female

Provider Name: _____ Provider Fax #: _____ Provider Phone #: _____

Collection Date/Time/Collector's Initials: _____ Source (if not blood): _____

PANELS	Chemistry	Miscellaneous
Electrolyte Panel: Na, K, Cl, and CO2	Albumin (Alb)	Serum Acetone
BMP: Na, K, Cl, CO2, BUN, Creat, Gluc, Ca	Alkaline Phosphate (Alk Phos)	Serum Pregnancy
CMP: BMP, Alb, TP, Alk Phos, Tbili, SGOT/AST, SGPT/ALT	Alanine Transaminase (ALT)	Urine Pregnancy
Lipid Profile: Chol, Trig, HDL Chol	Amylase (Amy)	Influenza A&B
Hepatic Panel: Dbili, Tbili, Alb, TP, Alk Phos, mSGOT/AST, SGPT/ALT	Aspartate Aminotransferase (AST)	Rapid HIV
	B-Human Chorionic Gonadatropin (BHCG)	Respiratory Syncytial Virus (RSV)
Cardiac Panel: CK, CKMB, High Sensitivity Troponin	Brian Natriuretic Peptide (BNP)	COVID Antigen
UDS: Amph, Barb, Benzo, Coc, Meth, Opiate, Phencyclidine, THC	Direct Bilirubin (Dbili)	Rapid Strep A
	Total Bilirubin (Tbili)	Mycoplasma
*Reporductive Assay Panel: Urine Preg, BGHC,	Calcium (Ca)	Fecal Occult Blood (Guiac)
*Estradol, Prog, *FSH, *LH, *DHEA-S, *Prolactin	Cholesterol (Chol)	
*Acute Hepatitis Panel: *Hep B AB IGM	Cholesterol HDL (HDL Chol)	
*Hep B Core Ab IGM, *Hep B Surface Ag, *Hep C Ab	Cholesterol LDL (LDL Chol)	*DNA Probe GC
*Prenatal Profile: CBC w/Auto diff, *Rubella Ab,	Creatine Kinase (CK)	*DNA Probe Chlamydia
*Hep B Surface Ag, ABO, Rh type, Antibody Screen,	Creatine Kinase MB (CKMB)	*Ova and Parasites
RPR, *ANA, RA, *ESR	Chloride (Cl)	*EPO
*Thyroid Panel: Free T3, Total T4, Tuptake	Carbon Dioxide (CO2)	**Cultures**
	Creatinine (Creat)	*Culture Routine (Source:)
Glucose Tolerance Test	Glucose (Gluc)	*Culture Throat
1 Hr 2Hr 3Hr 4Hr	HGA1C	*Culture Stool
2Hr Post Prandial	Lactate Dehydrogenase (LDH)	*Culture AFB
	Lipase	*Culture Fungus
Urinalysis	Magnesium (Mg)	*Culture GC
Urinalysis Comp	Potassium (K)	**Endocrinology**
Urinalysis Dipstick	Prostate Specific Antigen (PSA)	T4, free
Urine Culture: Clean Catch,	Protein, Total (TP)	T4, total
Catherized, Voided	Sodium (Na)	TSH
	Triglyceride (Trig)	T3 Uptake
	High Sensitivity Troponin	*Folate
TDM	Blood Urea Nitrogen (BUN)	*Progesterone
Acetaminophen (ACTM)	Uric Acid (Uric)	*Vitamine B12
Carbamazepine (CRBM)	*Iron (Fe)	*Vitamin D
Digoxin (DIG)	*Total Iron Binding Capacity (TIBC)	**Hematology**
Phenobarbital (PHB)		CBC with Auto Diff
Phenytonin (PTN)		CBC with Manual Diff
Salicylate (SALI)	**Urine Chemistry**	Erythrocyte Sedimentation Rate (ESR)
Valproic Acid (Valp)	Urine Creatinine	**Immunology**
Vancomycin (Vanc)	Urine Microalbumin	Mononucleosis (Mono)
*Gentamicin (GENT)	Urine Protein, Total	Rapid Plasma Reagin (RPR)
	Creatinine Clearance	*Rheumatoid Arthritis (RA)
Coagulation		
D-Dimer	*Other (please write test)	
PT/INR (Pt. on Coumadin Yes No)		
PTT (Pt. on Heparin Yes No)		

Diagnosis:

Physician Signature:

* Test with astricks are Reference Laboratory Test

SPECIMEN COLLECTION AND HANDLING

Improper handling and processing of specimens can introduce test result imprecision or systematic bias before the tests are performed. Specific concerns include transport, proper specimen identification, prolonged contact of cells with serum or plasma, concentration changes due to evaporation or cell lysis, the use of serum separation devices, analyte deterioration because of improper storage, and the use of anticoagulants. Recognition and control of these variables will reduce error and contribute to the medical usefulness of patient test results. This procedure establishes criteria for an optimal specimen for analysis.

Definition of Terms: Pre-centrifugation phase – the time period after specimen collection and before centrifugation.

Required Equipment for Specimen Collection – be sure the following materials are readily accessible before performing venipuncture:

- **Appropriate apparel i.e., gloves, eye protection, coats or gowns, and other appropriate apparel for protection from exposure to blood borne pathogens or other potentially infectious materials.**
- **All necessary tubes, identified by size, draw and additive.**
- **Labels for positive patient identification of samples. Must contain patient's first and last name, patient unique ID Number, date and time of collection and collector's initials.**
- **Blood collection needles and holders.**
- **Alcohol swabs for cleansing site for routine laboratory work.**
- **Non-alcohol-based cleansing material for blood alcohol testing. Tincture of iodine or suitable alternative for sterile collection.**
- **Dry, clean disposable gauze.**
- **Tourniquet (i.e., single use, latex free).**
- **Adhesive plaster or bandage (i.e., hypoallergenic).**
- **Approved biohazard container for needle disposal.**

Required Equipment Not Provided for Specimen Processing (if done prior to bringing specimen to laboratory). Centrifuge capable of generating the recommended RCF at the tube bottom. A horizontal centrifuge head is preferred for barrier quality with gel tubes and to obtain platelet poor plasma for coagulation studies.

Procedure

A) Recommended order of draw:

1. **Sterile Tubes for sterile samples (Blood Culture Tubes).**
2. **Coagulation Study Tubes (citrate).**
3. **Serum tubes with or without clot activator, with or without gel.**
4. **Heparin tube with or without gel plasma separator.**
5. **EDTA tube.**
6. **Glycolytic inhibitor tubes.**

NOTE: If a winged blood collection set is used, the first tube in the series will be under filled. Therefore, if a coagulation specimen is drawn first, a discard tube (a no-additive or coagulation tube) is recommended to be drawn. In addition it is advisable to draw a second tube for other coagulation assays, since it is not known whether or not these tests will be affected.

B) Prevention of Backflow: Most evacuated blood collection tubes contain chemical additives. Therefore; it is important to avoid possible black flow from the tube, due to the possibility of adverse patient reactions. To prevent backflow from the tube into the patient's arm observe the following precautions:

1. **Place patient's arm in a downward position.**
2. **Hold tube with the cap uppermost.**
3. **Release tourniquet as soon as blood starts to flow into tube.**
4. **Make sure the tube contents do not touch cap or end of the needle during venipuncture.**

C) Venipuncture Technique and Specimen Collection General Instructions: *WEAR GLOVES DURING VENIPUNCTURE AND WHEN HANDLING BLOOD COLLECTION TUBES TO MINIMIZE EXPOSURE HAZARD.*

1. **Select tube or tubes appropriate for required specimen. For sterile collections, see laboratory policy for sterile specimen collection.**
2. **Assemble needle in holder. Be sure needle is firmly seated to ensure needle does not unthread during use.**
3. **Gently tap tubes containing additives to dislodge any material that may be adhering to the stopper.**
4. **Place tube into holder. Note: Do not puncture stopper.**
5. **Select site for venipuncture.**
6. **Apply tourniquet. Prepare venipuncture site with an appropriate antiseptic. DO NOT PALPATE VENIPUNCTURE AREA AFTER CLEANSING.**
7. **Place the patients arm in a downward position.**
8. **Remove needle shield. Perform venipuncture WITH ARM DOWNWARD AND TUBE STOPPER UPPER-MOST.**
9. **Center tubes in holder when penetrating the stopper to prevent sidewall penetration and resultant premature vacuum loss. Push tube onto needle, puncturing stopper diaphragm. Always hold the tube in place by pressing it with the thumb. This will ensure a complete vacuum draw.**
10. **Remove tourniquet as soon as blood appears in tube. Do not allow contents of tube to contact the stopper end of the needle during procedure.**
    Note: Blood may occasionally leak from the needle sleeve. Practice Universal Precautions to minimize exposure hazard. If no blood flows into tube or if blood ceases to flow before an adequate specimen is collected, the following steps are suggested to complete satisfactory collection:

    a. **Push tube forward until tube stopper has been penetrated. If necessary, hold in place to ensure complete vacuum draw.**
    b. **Confirm correct position of needle cannula in vein.**
    c. **REMOVE TUBE AND PLACE NEW TUBE INTO THE HOLDER.**
    d. **If second tube does not draw, remove needle and discard. Repeat procedure from Step 1.**
11. **When first tube has filled to its stated volume and blood flow ceases, gently remove it from the holder.**
12. **Place succeeding tubes in holder, puncturing diaphragm to begin flow. See recommended order of draw.**
13. **Gently invert each tube immediately as it is removed from the holder, using the correct number of inversions to achieve the proper mix of additive and blood. While each successive tube is filling, turn the filled tube upside-down and return it to upright position. This is one complete inversion.**
    NOTE: Do not shake the tubes. Vigorous mixing may cause foaming or hemolysis. Insufficient mixing or delayed mixing in serum tubes may result in delayed clotting. In tubes with anticoagulants, inadequate mixing may result in platelet clumping, clotting and/or incorrect test results.

14. **As soon as blood stops flowing in the last tube, remove tube from holder, remove needle from vein, applying pressure to puncture site with dry sterile gauze until bleeding stops.**
15. **Once clotting has occurred, apply bandage if desired. Hypoallergenic adhesives may be advisable.**
16. **After venipuncture, the top of the stopper may contain residual blood. Take proper precautions when handling tubes to avoid contact with blood.**
17. **Dispose of needle and holder per your facility's policy and guidelines.**
18. ***Label tubes with patient's full name, DOB, date and time of draw and collector's initials.***

For Facilities with the capability of centrifuging patient specimens:

1. **Allow samples to clot thoroughly (minimum 30 minutes) after collection. Incomplete clotting may lead to contamination of the instrument and to erroneous results.**
2. **Blood collection tubes must be spun within 2 hours after collection. Extended contact of blood cells with the serum or plasma may lead to erroneous results.**
3. **Ensure that tubes are properly seated in the centrifuge carrier. Incomplete seating may result in the separation of the Blood Collection Tube Safety Cap from the tube.**

NOTE: Follow the centrifuge speed and times in the Table below.

FOR BD VACUTAINER BLOOD COLLECTION TUBES

Tube Type	Recommended Inversions	Recommended g-force	Recommended Time Minutes
BD SST and BD PST tubes (glass)	5	1000 – 1300 g	10
BD SST Plus and BD PST Plus Tubes (13mm)	5	1100 – 1300 g	10
BD SST Plus and BD PST Plus Tubes (16mm)	8 – 10	1100 – 1300 g	10
BD SST Transport Tubes	8 – 10	1100 – 1300 g	15
BD SST II Advance and BD SST II Tubes	6	1300 – 2000 g	10
All Non-Gel Tubes	8 – 10	$\leq$ 1300 g	10
Citrate Tubes	3 - 4	1500 g	15

FOR GREINER BIO-ONE VACUETTE BLOOD COLLECTION TUBES

Tube Type	Recommended Inversions	Recommended g-force	Recommended Time Minutes
Vacuette Serum Tubes (Clot Activator, No Additive)	5-10	Minimum 1500 g	10
Vacuette Serum Clot Activator w Gel Tubes	5 – 10	1800 g	10
Vacuette K2EDTA with Gel Tubes	8 – 10	1800 – 2200	10
Vacuette Plasma Tubes Lithium Heparin, Sodium Heparin, Glycolytic Inhibitor	5 – 10	2000 – 3000 g	15
Vacuette Lithium Heparin With Gel Tubes	5 – 10	1800 – 2200	10 – 15
Vacuette Coagulation Tubes (Sodium Citrate) Platelet tests (PRP) Routine tests (PPP) Preparation for deep freeze Plasma (PFP)	4	PRP: 150 g PPP: 1500 – 2000 g PFP: 2500 – 3000 g	PRP: 5 PPP: 10 PFP: 20

NOTE: It is not recommended to re-centrifuge tubes once the barrier has been formed

Storage of samples must adhere to the manufacturer's storage requirements for ensuring specimen integrity and accurate and reliable test results. Refer to the "Test Menu" Chart for storage criteria.

1) If storage is required, label aliquot tube with patient's full name, DOB, date and time of draw, and collector's initials.

2) Using a disposable plastic pipette carefully remove cell free serum/plasma from patient tube and dispense into aliquot tube.

3) Store samples according to the "Test Menu" chart

Conditions for specimen transportation: All unspun blood samples are to be received into the laboratory within 60 minutes from the time of collection. If your facility has the capability of centrifuging specimens according to the "Test Menu" chart, and the capability of storing specimens in a temperature monitored area (according to the storage requirements found in the "Test Menu" chart, then all samples are to be delivered to the laboratory within 60 minutes of collection.

Specimen acceptability and rejection:

Criteria for Specimen Rejection:

1) **Clot formation in an anticoagulated tube**
2) **Wrong color top tube was collected.**
3) **Inadequate volume in an additive tube.**
4) **Tubes for hematology (purple top) must be 1/2 full for testing**
5) **Blue top tubes for coagulation testing must be full.**
6) **Hemolysis, lipemia or icteria are noted in any collection tube.**
7) **Collection tube for ammonia not kept on ice or not tested within 20 minutes of collection.**
8) **Specimen received unlabeled.**
9) **Cultures collected in a leaking container.**
10) **Urine samples with obvious stool contamination.**
11) **Blood Bank specimens improperly labeled.**
12) **Sample received is clearly mislabeled.**
13) **Incomplete or missing requisition form.**
14) **Failure to store samples properly for delivery to laboratory.**
15) **Broken or leaking containers.**

If any of these conditions are found in the specimen, the physician (authorized provider) will be notified of the issue and the following steps will be taken:

a) If possible, a request to have the patient redrawn will be made.

b) If hemolysis, lipemia or icteria exists upon re-stick, the laboratory will notify the physician.

c) If analysis is performed on a suboptimal specimen as instructed by physician or on behalf of physician, the laboratory will document the name of person requesting analysis on suboptimal specimen.

d) Fecal contamination of urine specimens warrants recollection.

Specimen referral.

A. The laboratory has a current service manual available for CLIA-certified laboratory or laboratory meeting equivalent requirements by CMS.

i) The laboratory will provide written instructions to providers requesting testing information performed by referral laboratories. The instructions may contain information on specimen handling (e.g. collection, preservation, storage, transport, testing schedule times and how to obtain additional assistance for unusual circumstances.