

## I. CHEMISTRY TESTS

- If additional test(s) are required in addition to reference list below, please check lab manual for minimum volume.
- Additional Microtainer™ tube(s) maybe required if not filled completely or if patient hematocrit is **>60%.**
- **Minimum volume listed below does not allow for add-ons or repeat testing.**

TEST(S) or PANEL(S)	TUBE TYPE	DRAW VOLUME WHOLE BLOOD
BMP (8 TESTS)	1 FULL Light Green Microtainer™	0.5 ml
BMP + MG + PHOS + ALB	1 FULL Light Green Microtainer™	0.5 ml
CMP (14 TESTS)	1 FULL Light Green Microtainer™	0.5 ml
Any Individual CMP Analyte ordered individually (each)	1 FULL Light Green Microtainer™ <b>per each analyte</b>	0.5 ml
LIPID PANEL or Lipid Analyte ordered individually (each)	1 FULL Light Green Microtainer™	0.5 ml
LIVER FUNCTION PANEL or LFP Analyte ordered individually (each)	1 FULL Light Green Microtainer™	0.5 ml
Creatine Kinase – MB fraction	1 FULL Light Green Microtainer™	0.5 ml
IRON	1 FULL Light Green Microtainer™	0.5 ml
FERRITIN	1 FULL Gold or Lt. Grn Microtainer™	0.5 ml
BILIRUBIN (TOTAL + DIRECT)	1 FULL Light Green Microtainer™	0.5 ml
C- Reactive Protein (CPRH)	1 FULL Light Green Microtainer™	0.5 ml
AMMONIA	1 FULL Light Green Microtainer™ <b>ON ICE</b>	0.5 ml
AMYLASE	1 FULL Light Green Microtainer™	0.5 ml
GAMMA-GLUTAMYL TRANSPEPTIDASE (GGT)	1 FULL Light Green Microtainer™	0.5 ml
TSH	2 FULL Light Green Microtainer™	1.0 ml
FREE T4	2 FULL Light Green Microtainer™	1.0 ml
TOTAL T3	2 FULL Light Green Microtainer™	1.0 ml
URIC ACID	1 FULL Light Green Microtainer™	0.5 ml
PROCALCITONIN	2 FULL Light Green Microtainer™	0.5 ml
TROPONIN	1 FULL Light Green Microtainer™	0.5 ml
PHENYTONIN	Red Top vacutainer/ Microtainer™	0.5 ml
THERAPEUTIC DRUGS (each)	1 FULL Light Green Microtainer™ <b>Per each drug test.</b>	0.5 ml
Acetaminophen, Carbamazepine, Digoxin, Gentamycin, Lithium, Methotrexate, Phenobarbital, Salicylate, Theophylline, Tobramycin, Valporic acid, Vancomycin		
TACROLIMUS or CYCLOSPORIN A or SIROLIMUS (each)	1 FULL MAP™ K2 EDTA TUBE (LAVENDER)	0.5 ml

## II. CHEMISTRY TESTS (SEND OUTS)

- If additional test(s) are required in addition to reference list below, please check lab manual for minimum volume.
- Additional Microtainer™ tube(s) maybe required if not filled completely or if patient hematocrit is **>60%**.
- **Minimum volume listed below does not allow for add-ons or repeat testing.**

TEST(S) or PANEL(S)	TUBE TYPE	DRAW VOLUME WHOLE BLOOD
Vitamin K	1 Dark Green (Light. green acceptable)	2.0 ml
LEAD (Capillary) Pediatric ONLY	1 FULL MAP™ K2 EDTA TUBE (LAVENDER)	0.5 ml
LEAD (Venous) Adult	1 Royal blue (EDTA) or TAN (EDTA).	1.0 ml
ZINC	1 Royal Blue (EDTA)	1.0 ml

\*MAP = BD Microtainer™ Micro Tube (False bottom K2 EDTA Tube)

## III. HEMATOLOGY TESTS

- If additional test(s) are required in addition to reference list below, please check lab manual for minimum volume.
- Additional MAP™ tube(s) or Citrated Blue top maybe required if not filled completely or if patient hematocrit is **>60%**.
- Special Coagulation Testing – Refer to lab manual for minimum draw volume. Any questions regarding minimum draws for Coagulation testing, call lab at (415) 353-1667 for clarification.
- **Minimum volume listed below does not allow for add-ons or repeat testing.**

TEST(S) or PANEL(S)	TUBE TYPE	DRAW VOLUME WHOLE BLOOD
CBC with or without differential	1 FULL MAP™ TUBE* (LAVENDER)	0.5 ml
HCT or Hemoglobin or Both	1 FULL MAP™ TUBE (LAVENDER)	0.5 ml
WBC with or without differential	1 FULL MAP™ TUBE (LAVENDER)	0.5 ml
PLT or IPF	1 FULL MAP™ TUBE (LAVENDER)	0.5 ml
Reticulocyte Count	2 FULL MAP™ TUBE (LAVENDER)	1.0 ml
ESR (Sedimentation Rate)	2 FULL MAP™ TUBE (LAVENDER)	1.0 ml
PT + PTT + FIB + FDD or if order singly (COAG OR PANEL)	1 Pedi Citrated Blue Top	1.8 ml (To Fill Line)
Routine COAG with Heparin + AT or order singly	1 Pedi Citrated Blue Top	1.8 ml (To Fill Line)
Up to 3 Factors (No repeats)	1 Pedi Citrated Blue Top	1.8 ml (To Fill Line)

\*MAP = BD Microtainer™ Micro Tube (False bottom K2 EDTA Tube)

**IV. TRANSFUSION TESTS**

- If additional test(s) are required in addition to reference list below, please check lab manual for minimum volume.
- Use Blood Bank Requisition. Specimen label must contain the date the sample was collected and the legible name of the person who collected the sample.
- **Minimum volume listed below does not allow for add-ons or repeat testing.**

TEST(S) or PANEL(S)	TUBE TYPE	DRAW VOLUME WHOLE BLOOD
Type & Screen - <4 months	1 FULL MAP™ TUBE (LAVENDER)	0.8 ml
Type & Screen – 4 months to 1 year	LAVENDER 6	1.0 ml
Type & Screen – 1 to 18 years	LAVENDER 6	3.0 ml
Type & Screen - >18 years	LAVENDER 6	5.0 ml
Blood Type Confirmation (CHEK) <4 months	1 FULL MAP™ TUBE (LAVENDER)	0.8 ml
Blood Type Confirmation (CHEK) >4 months	LAVENDER 6	1.0 ml

\*MAP = BD Microtainer™ Micro Tube (False bottom K2 EDTA Tube)

**V. REVISION HISTORY**

REVISION #	SUMMARY OF CHANGE	INITIALS
New		JN/DC