3400 Spruce Street, Philadelphia, PA 19104

DIVISION OF LABORATORY MEDICINE

Endocrinology Laboratory • 7th Floor Founders Building • 662-3420

Client Services: 215-662-4808

Label Area

OR Location		OR Phone Number	Requesting Physician & Contact Number (prin		ber (print legibly)			
			by law) Clinical Details:					
Date 0	Collected (required by law)	Time of Collection (required						
	Specimen Required for Intra Operative Parathyroid Hormone Testing							
Е	IOPTH Source: ☐ Peripheral ☐ Right neck ☐ Left neck				***See back of requisition			
	Supplies needed for each specimen: • "IOPTH" lab requisition Form							
N		room)		A STATE OF THE PARTY OF THE PAR	mann)			
	Blue parathyroid sticker (extras found in Pathology room)Biohazard bag							
D	Purple top vacutainer tube Deticat identification label							
	Patient identification label						ІОРТН	
0	 Obtaining the specimen: Ensure correct fill line - Do not overfill or under fill tube 				Correct	BD Vac K2 EDT	1778	
	DO NOT remove tube top to fill tube				Fill Line	REF 36 ¹		
С	Gently invert tube 5 times after filling				Till Lille			
	 If using a syringe to transfer blood into the tube - DO NOT forcibly add blood into the tube, this may cause hemolysis or 					S NJ USA		
R	the tube top to come off.					ranklin Lake 9341	1	
	Hemolyzed specimens are unacceptable					0.0 B Frank		
'	OR Specimen collection Information:							
N	An initial sample should be sent from the PreOp area using a					Affix Patient ID label vertically lining up		
IN	paper requisition. This requisition is only used during downtime in PreOP.				with manufacturer's label. The labels cannot cover the entire diameter of the			
0	 Subsequent samples are obtained by the anesthesia provider in 							
	OR; however, nursing staff is responsible for sending the				Central Receiving Instructions:			
L	specimens. The first of these subsequent samples is sent 15 minutes after the parathyroid tissue gland is removed.				Immediately notify the Endocrine lab the specimen has arrived in			
	Additional samples may be drawn in the OR as necessary.							
0	3. The tube should be labeled with the patient identification label.				Central Receiving, call 662-3420			
	4. Text 267-319-6093 to communicate transport each time a blood specimen is sent to the lab. See back of the requisition for							
G	handling/transport instructions and communication via text.							
		·						
Υ		eting this form. name legibly.	Person sending the from person com	specimen if d	ifferent If a		on hand-delivering Central Receiving.	
	Please print name legibly							

FOR LAB USE ONLY

AFFIX CERNER LABEL

***Completing the IOPTH requisition

- Complete all fields in the demographic section
- Check the appropriate IOPTH Source only in the following circumstances:
 - The sample is not obtained peripherally
 - You are collecting more than one sample at the same time; in this case, complete a requisition for each sample checking off the source on each and send samples in separate biohazard bags.
 - If the sample is not obtained peripherally, you must write the source on the patient identification label you
 affix to the blood tube. Write the source on the small patient identification label. Do not use a larger label to
 affix the patient identification label or the tube will not fit into the centrifuge.

Packaging specimen for transport

- Affix patient identification label lengthwise on top of the manufacturer's label of the blood collection tube so they are
 in alignment
- The manufacturer label and the patient identification label must be in alignment; if they cover the entire diameter of the tube, lab staff will not be able to visualize the sample
- Place specimen container in a biohazard bag
- Validate integrity of zip lock seal on bag
- Fold requisition where patient identification is visible
- Place folded requisition form in the bag sleeve with patient identifier information visible
- Apply Blue Parathyroid sticker to the outside of the bag.

Specimen transport via the pneumatic tube system

- Use pneumatic tube. Send to Central Receiving located on 7 Founders-tube station 01 from OR's or station 202 from SurgiCentre OR's
- Text 267-319-6093 to communicate transport each time a blood specimen is sent to the lab.

For hand-delivered specimens to Central Receiving

- Follow steps outlined in checklist up to Specimen transport
- Notify the lab by text (267-319-6093) when specimen is en route
- Deliver to Central Receiving & Processing on 7 Founders
- Transporter prints name on the front of this sheet