



dayton
children's

laboratory specimen collection, labeling and transport

collection volume

PREFERRED VS MINIMUM BLOOD COLLECTION VOLUMES

- *The **preferred volume** optimizes testing and allows the laboratory to quickly process the specimen, perform the test, and repeat testing, if necessary. If possible, please submit the preferred volume.*
- *The **minimum volume** is the amount required to perform an assay once and does not allow for repeat testing. Minimum volumes may be necessary when venipuncture is technically difficult or the patient is at risk of complications from blood loss.*

collection priority

- **TRAUMA** and **CODE** – immediate response
- **ED** – response time <10 minutes
- **STAT** – response time <10 minutes
- **TIMED** – peaks drawn <5 minutes of order; all others drawn <15 minutes of order
- **ASAP** – response time <1 hour
- **ROUTINE** (includes outpatients) – coordinated to accommodate all other priorities

collection issues

- **QNS** – quantity not sufficient
 - Collect minimum volume as indicated in test directory
 - Draw whole blood in an amount 2 ½ times the volume of plasma or serum required
 - Over or under filling blood collection tubes affects the proper ratio of additive to blood and may affect test results
- **Hemolyzed**
 - Red blood cells rupture making serum/plasma pink or red
 - To prevent – select appropriate needle size, draw blood with even pressure, don't force blood from syringe into collection tube, limit time tourniquet is applied, don't shake tube vigorously or excessively, avoid “milking” puncture site
- **Clotted**
 - To prevent – collect sample with even pressure (not too slowly), mix gently and thoroughly after collection, use heel warmers for capillary draws
 - Never remove a clot

collection



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✕ Find a test by name, number, synonym, or CPT

Q Search

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Dayton Children's Hospital Laboratory Test Directory

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TEST MENU CHANGES
(previous month)

TEST ANNOUNCEMENTS

07/10/25: Erythrocyte sedimentation rates (ESR) will **NOT** be performed in-house until further notice.

03/05/25: New Acceptable Anaerobe Swab.

Existing Swab (**DISCONTINUED**): BD BBL Vacutainer Anaerobic Specimen Collector



[New\(1\)](#)
[Updated\(22\)](#)
[Pending\(0\)](#)

[Allergy Testing\(86\)](#)
[Chemistry\(189\)](#)
[Genetics\(32\)](#)
[Hematology\(43\)](#)
[Microbiology\(62\)](#)
[Point of Care\(4\)](#)
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[Transfusion Services\(6\)](#)
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[Other\(1\)](#)
[Send-Outs\(609\)](#)

Ordering and Registration ▾
Collection BLOOD ▾
Collection MICRO ▾
Collection OTHER ▾
Labeling and Transport ▾
Results and Reporting ▾
Pathology Information ▾

labeling

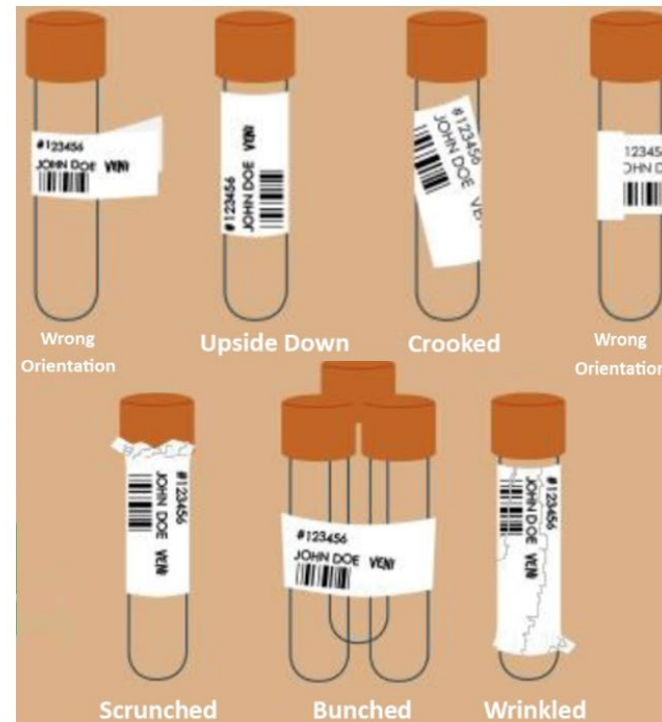
- Label in the presence of patient/parent (at the bedside)
- Label must be directly on the specimen container/tube – not the lid or transport bag
- Use the large label when possible
- Label must include 2 unique identifiers (name, DOB, MRN)
- If handwritten, must be legible
- For blood specimens:
 - Include tech code, time and date of collection, and VE for venous or CAP for capillary draw
 - Place label directly under cap with the patient name at the top
 - Place label over the manufacturer label
 - Barcode should be straight along the length of the tube.
 - Leave a visible gap to see the level of the sample in the tube
- For other specimen types:
 - Include specimen source on label when relevant (urines, cultures, etc.)
- Pretransfusion specimens require additional information
- Send extra labels to the lab in the external pocket of the specimen transport bag

labeling

PROPERLY LABELED ✓



IMPROPERLY LABELED ✗



unacceptable specimens

- Mislabeled
- Unlabeled
- Exceptions
 - Body fluid (spinal, pleural, etc.)
 - Trauma/code
 - Blood cultures
 - Cath urines
 - Bone marrow/tissue
 - Time-dependent tests
- Blood Bank specimens are NEVER exceptions
- RL6 entered

labeling and transport



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NEW Swab: BBL CultureSwab Plus Collection & Transport System for Aerobes & Anaerobes

- The new swab has a blue cap and clear gel in the bottom.

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