

Adequate patient identification, patient preparation, specimen collection and specimen handling are essential prerequisites for accurate testing.

## PATIENT IDENTIFICATION

Proper patient identification and specimen labeling is crucial to ensure that specimens collected match the individual indicated on a Request Form. Correct identification is the responsibility of the individual that collects the specimen.

### How to Correctly Identify Patients and Label Specimens

Ask the patient to give his or her full name, address, and date of birth. Compare this information with the information on the Request Form and/or the patient's identification bracelet.

Special circumstances:

- Incommunicative patient: If the patient is unable to communicate his/her identity to the phlebotomist, a nurse, relative or friend should be asked to identify the patient.
- For inpatients: If a hospital identification bracelet cannot be found, please request one from the nurse - even if it must be handwritten (including patient name, hospital number, and date of birth). The nurse will identify and then place an identification band on the patient. **Do not collect specimen unless this requirement is met.**
- Unidentified emergency patients: Identification standards established by the American Association of Blood Banks provide clear guidelines to be used when collecting blood specimens from unidentified emergency patients:
  - The patient must be positively identified when the blood specimen is collected.
  - The unidentified emergency patient should be given some temporary but clear designation until positive identification can be made.
  - In all cases, the name and hospital number of the emergency identification should be attached to the patient's body, either by wristband or some similar device.

## SPECIMEN COLLECTION REQUIREMENTS

1. Collect blood specimens using accepted venipuncture/skin puncture technique.
2. Draw whole blood in an amount 2 1/2 times the required volume of serum so that a sufficient amount of serum can be obtained.

## PROCEDURE FOR VENIPUNCTURE

1. Wash hands thoroughly prior to phlebotomy and between patients.
2. Verify the patient's diet restrictions and inquire about latex sensitivity.
3. Select a venipuncture site. Do not draw blood from a site with a hematoma.
4. Apply the tourniquet and palpate the vein to determine the adequacy of the vein for the amount of blood to be drawn.
  - Note: Prolongation of a tourniquet application may produce erroneous test results.
  - Do not leave the tourniquet on the patient's arm longer than 1 minute.
  - Do not allow patient to "pump" his or her hand.
5. Wearing gloves, cleanse the skin with a commercially prepared alcohol pad using a circular motion from the center to the periphery.
  - Note: When collecting a blood alcohol, do not use an alcohol pad.
  - Use a povidone - iodine prep to cleanse the site.
  - Do not use swabs or ampules containing iodine tinctures, because these products use alcohol diluents.
6. Allow the skin to air dry to avoid hemolysis of the blood and to prevent the patient from experiencing a burning sensation when the venipuncture is performed. If the site must be touched again, re-cleansing is necessary.
7. Hold the patient's arm firmly using the thumb to pull the skin taut to anchor the vein. The thumb should be 1–2 inches below the venipuncture site.
8. With the bevel up, puncture the vein with the needle at an angle of insertion of 30 degrees or less. Keeping the needle as stable as possible in the vein, push/connect the first tube onto the needle.
9. Remove the tourniquet as soon as blood flow is established.
10. Fill the tube until blood flow ceases for correct blood to anticoagulant ratios and to ensure a proper amount of specimen is available for analysis.
  - **Note: Blue top coagulation tubes must always be completely filled.**  
(Please see "Special Handling Instructions for Coagulation Studies" for more information.)

## PROCEDURE FOR VENIPUNCTURE (continued)

The acceptable order of draw for multiple samples is:

1. Blood culture bottle(s)
2. Coagulation tube (Blue top, sodium citrate)
3. Serum tube with or without clot activator, with or without gel (i.e., Gold top tube)
4. Heparin tube (Green top)
5. EDTA tube (Lavender top)
6. Glycolytic inhibitor (Gray top, oxalate-fluoride tube)
7. Other additive tubes
8. Special instructions for acceptable order of draw:
  - Glass (no additive) serum tubes may be drawn before the coagulation tube.
  - When using a winged blood collection set with a coagulation tube as the first tube to be drawn, a discard tube must be drawn first to fill the blood collection tubing dead space. The discard tube must be a glass (no additive) or a coagulation tube.
11. Mix the additive tubes immediately after collection by **gentle** inversion 8–10 times.
12. Place a gauze pad over the venipuncture site. Applying light pressure, remove the needle from the vein, and activate the safety mechanism.
13. After applying mild pressure to the site, check that bleeding has ceased. Apply a bandage and instruct the patient to leave the bandage on for 15 minutes. Note: Pressure, applied with a gauze pad, must continue at the site as long as necessary to stop the bleeding.
14. Dispose of needles, syringes, and disposable Vacutainer® holders in sharps container.
15. Hand label tubes or place ID labels on the tubes. Please refer to SPECIMEN LABELING, page 3.7, for more information.

## SUPPLIES AND PROCEDURE FOR BLOOD CULTURE COLLECTION

### Supplies

- Gloves
  - Winged blood collection set and holder
  - Alcohol preps
  - Povidone-iodine preps or iodine tincture ampules
  - BacT/ALERT® blood culture bottles
  - Gauze
  - Tourniquet
- (For allergic patients, a second alcohol prep can be substituted for iodine.)

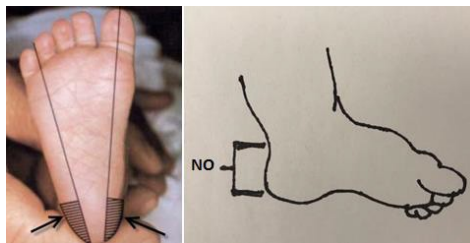
### Procedure

1. Remove the metal flip caps of one aerobic and one anaerobic BacT/ALERT blood culture bottle and wipe each bottle with an alcohol prep pad, leaving the pad in place until inoculation of the bottle.
  - Mark each bottle with a marker 10 mL above broth liquid in bottle
2. Wearing gloves, locate the venipuncture site. Cleanse the site with an alcohol prep pad for 30 seconds. Allow to dry unaided. DO NOT fan or blow dry.
3. Cleanse the site with povidone-iodine or iodine tincture, starting at the point of projected needle insertion and moving in an ever-increasing circular pattern of 1 1/2 to 2 inches. Allow to dry unaided for 60 seconds. DO NOT fan or blow dry
4. **For patients with iodine hypersensitivity**, skip step 3. Cleanse the site with a new alcohol prep pad. Scrub for 60 seconds and let the area air dry unaided prior to the venipuncture.
5. Apply a tourniquet proximal to the point of venous entry. The venipuncture site must not be palpated following disinfection.
6. Perform the venipuncture. The volume of blood collected is critical.
  - For adult draws, inoculate each bottle (aerobic followed by anaerobic) with 10 mL of blood.
  - For pediatric or difficult adult draws, inoculate only the aerobic bottle with at least 1 to 10 mL of blood.
  - Note: NICU specimens can be as little as 1 to 3 mL of blood dependent on the weight of the neonate. See chart “Minimum Specimen Requirements for Newborn/Pediatric or Adult Difficult Draw Patients”. If other information is needed, please call 877-402-4221 for further guidance on volume of blood to draw on pediatric or neonate draws.
7. Label the bottles. Please refer to SPECIMEN LABELING, page 3.7 for more information.
8. Cleanse the venipuncture site with an alcohol prep pad to remove the remaining iodine.
9. Apply a bandage.
10. Transport specimens to the laboratory at room temperature. **Do not refrigerate.**

## PROCEDURE FOR SKIN PUNCTURE AND BLOOD COLLECTION FROM INFANTS

A limited number of test procedures can be done using micro blood samples. Microtest procedures generally require blood sample collection ranging from 0.1-0.6 mL (100- 600 uL). In newborns, when the hematocrit may be elevated, the whole blood sample collected may need to be three times as much as the actual test sample requirement in order to yield an adequate volume of serum for testing. (See list of “Minimum Specimen Requirements for Newborn/ Pediatric/Adult Difficult Draw Patients” found on page 3.13 of this section.)

1. Appropriate sites for skin puncture
  1. Lateral or medial plantar heel surface (see illustration)
  2. Plantar surface of the big toe (do not use for newborns)
  3. Palmar surface of the last segment of the finger (do not use for newborns)



2. Precautions for skin puncture
  - a. Skin puncture site must not be edematous as accumulated tissue fluid will contaminate the blood specimen.
  - b. For heel punctures. Do not perform punctures on posterior curvature of the heel or central area of the foot.
  - c. To avoid possible spread of infection, do not puncture through a previous puncture site.
  - d. Palmar surface of the last segment of the finger (do not use for newborns).
3. If necessary, cover the heel with a warm towel or infant heel warmer for three minutes prior to collection to enhance blood flow.
4. Wearing gloves, thoroughly cleanse the puncture site area using a sterile alcohol prep pad. Allow time for the alcohol to evaporate by air drying before the skin is punctured, as residual alcohol will cause rapid hemolysis of the specimen.
5. Use a BD Microtainer® QuikHeel™ lancet or other approved device.
6. Wipe away the first drop of blood (which may contain tissue fluid) with a dry gauze pad before beginning the actual blood collection.
7. Collect the specimen using the appropriate containers. Blood flow will be enhanced if the puncture site is held downward and gentle or moderate continuous pressure is applied to the surrounding area.

Note: Strong repetitive pressure (i.e., milking) may cause hemolysis, contamination of specimen with tissue fluid, and clotting of the blood.

## PROCEDURE FOR SKIN PUNCTURE AND BLOOD COLLECTION FROM INFANTS (continued)

The acceptable order of draw for multiple samples is:

1. EDTA (Lavender Microtainer®)
  2. Heparin (Green Microtainer®)
  3. Serum with clot activator, with or without gel separator (Yellow Microtainer®)
  4. Serum non additive (Red Microtainer®)
- 
8. Specific Specimen Collection instructions for Pennsylvania Department of Health Newborn Screening blood collection form (filter paper form)
    1. Prior to obtaining the specimen, properly complete the filter paper form with all the information requested.  
Note: Patient date and time of birth, specimen draw date and time are mandatory fields. Failure to provide this information will result in an unacceptable specimen and will require specimen recollection.
    2. Collect the specimen directly onto the filter paper form. Do not collect in capillary tubes and transfer to form.
    3. Wipe away the first drop of blood with a dry gauze pad.
    4. Allow a large drop of blood to form. Touch formed drop onto the center of each of the printed circles on the form.
    5. Allow blood to saturate the circle so that the white portion within each circle is no longer visible on the front and back side of the paper. Note: A single large drop of blood should be used to saturate the filter paper circle. Avoid a layering technique (i.e., method whereby the filter paper is touched to several drops of blood.)
    6. Repeat the procedure for all circles on the filter paper form. Do not touch or handle the filter paper in the circled collection areas.
    7. Allow the collected filter paper forms to air dry horizontally for at least 3 hours at room temperature and away from direct sunlight.
    8. Deliver specimens (completed filter paper form) enclosed in glassine envelopes immediately to the laboratory.

## SPECIMEN LABELING

Careful labeling is vital to accurate results:

- Never label tubes/containers prior to collection.
- All specimens must be labeled before leaving the patient's side.

Proper labeling includes HNL's computer-generated labels or hand labeled tubes printed with the following information:

- Patient Full Name, Date of Birth and/or Social Security Number
- Date and Time of Collection
- Initials or Tech Code of person collecting specimen
- Site of venipuncture (for blood culture specimens only)
- Specimen type (for aliquots) or specimen source (body site) for other laboratory specimens (cytology, pathology, microbiology)

Note: If HNL's computer-generated label is used, the initials of the phlebotomist and the actual time of collection must be handwritten on the label.

### Outpatient Blood Bank Labeling Instructions

1. All outpatient Blood Bank specimens drawn for type and cross match or for a possible transfusion **MUST** include the patient's full name and either their medical record number, date of birth, or social security number.

Note: Additional steps may be necessary, dependent on the organization/facility/site. An additional Typenex™ Band Identification Number or other identification system may also be required if this is used by the organization/facility/site.

2. All other outpatient Blood Bank specimens **MUST** be labeled with the patient's full name and either their medical record number, date of birth, or social security number.
3. All specimens **MUST** include the date and time of collection and the initials or tech code of the person collecting the specimen.

## SPECIMEN PROCESSING AND TRANSPORT

When processing specimens, adhere to the following guidelines:

- Serum: Place tube in an upright position and allow blood to clot a minimum of 30 minutes (but no longer than 1 hour).
- Plasma: Centrifuge immediately upon receipt or after drawing.

### Process Instructions:

1. Leaving the tube stopper on, centrifuge either specimen type at approximately 3000 rpm for 15 minutes. Please note that some analytes require very specific handling. Always consult test listing prior to processing.
2. When using a bench top centrifuge, it is essential to utilize a balance tube of the same type containing an equivalent volume of water.
3. Allow the centrifuge to come to a complete stop. **NEVER** stop by hand or rake.
4. Carefully remove the tube from the centrifuge without disturbing the contents.
5. When indicated, transfer the serum or plasma into an appropriately labeled plastic aliquot tube.

### Transport Instructions:

1. It is vital that specimens be maintained at the proper temperature to ensure specimen integrity. For tests in which no specific storage requirements are noted under the alphabetical test listing, specimen should be refrigerated until transport.

#### The following definitions apply:

- Room temperature 15 to 30 degrees C
- Refrigerated 2 to 8 degrees C
- Frozen -20 to 0 degrees C

**Frozen specimen requirements:** It is essential to process, aliquot and freeze the specimen as soon as possible.

- Always freeze the specimen in appropriately labeled plastic aliquot tubes, available from the laboratory.
  - Submit one plastic aliquot tube for each test. If duplicate tests are submitted on one frozen aliquot, HNL cannot guarantee that all requested testing can be completed.
  - Frozen specimens must be transported in the frozen state. Never allow frozen specimens to be transported without dry ice.
  - Specimens, when readied for transport, should be completely inserted into the dry ice. Please indicate to the HNL courier which specimens must be transported frozen.
  - Frozen specimens which have been allowed to thaw cannot be refrozen and are unacceptable for analysis.
2. Place each blood collection vial, leak-proof aliquot tube, or primary specimen container in a zip lock specimen transport bag available from HNL. The bags are double pouched and biohazard labeled. The specimen should be placed in the sealable compartment and the completed requisition slip placed in the outer pouch to prevent contamination. Please ensure the containers and bags are properly sealed to avoid spills.



## PATIENT INFORMATION

PATIENT NAME (PRINT)

DATE OF BIRTH

## INTRODUCTION

The following instructions will guide you in the proper collection of a 24-hour urine specimen.

## INSTRUCTIONS

1. Document your full first name, last name, and date of birth on the collection container that was provided to you.
2. When you get up in the morning, empty your bladder but do not save the first specimen. Urine collection should start just after the time you have voided the first time. *(Example: After you awaken in the morning, urinate and discard that first specimen. Collection start begins at that time.)*

**START DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **AM / PM**

3. It is very important that you save all urine voided within a full 24-hour period. This includes urine voided during the night. The final collection should be at the SAME TIME the following day.

**END DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **AM / PM**

*(NOTE: Do not urinate directly into the 24-Hour Urine Collection Container)*

4. Keep the 24-Hour Urine Collection Container refrigerated during the collection period.
5. Bring the 24-Hour Urine Collection Container to an HNL Lab Medicine Patient Service Center (PSC) along with these instructions and the lab order from your provider.

**To view a list of Patient Service  
Centers, scan the QR code with  
your mobile device.**



## INFORMACIÓN DEL PACIENTE

NOMBRE DEL PACIENTE (EN IMPRENTA)

FECHA DE NACIMIENTO

## INTRODUCCIÓN

Las siguientes instrucciones lo guiarán en la recogida adecuada de una muestra de orina de 24 horas.

## INSTRUCCIONES

1. Documente su nombre completo, apellido y fecha de nacimiento en el contenedor de colecta que fue proporcionado a usted.
2. Cuando se levante por la mañana, vacíe la vejiga pero no guarde la primera muestra. Debe comenzar la colecta de orina justo después de que vacíe la vejiga por la primera vez. *(Ejemplo: después de despertar en la mañana, orine y deseche esa primera muestra. El inicio de la colección comienza en ese momento.)*

**FECHA DE INICIO:** \_\_\_\_\_ **HORA:** \_\_\_\_\_ **AM / PM**

3. Es muy importante que guarde toda la orina evacuada en un período completo de 24 horas. Esto incluye orina vaciado durante la noche. La recogida final debe ser A LA MISMA HORA del día siguiente.

**FECHA DE FIN:** \_\_\_\_\_ **HORA:** \_\_\_\_\_ **AM / PM**

*(NOTA: No orine directamente en el recipiente de colección de orina de 24 horas)*

4. Keep the 24-Hour Urine Collection Container refrigerated during the collection period.
5. Lleve el recipiente de colección de orina de 24 horas a un laboratorio de HNL Lab Medicine junto con estas instrucciones y la orden de laboratorio de su proveedor.

**Para ver una lista de laboratorio,  
escanee el código QR con su móvil.**



# Specimen Collection, Preparation & Handling

HNL-92 -24 HR URINE  
REV. 7/16/19



Patient Demographic Label

## Recolección de orina durante 24 horas

### Instrucciones para el paciente:

1. Registre su apellido y nombre completo y fecha de nacimiento en el frasco de recolección de la muestra que se le proporcionó.
2. Orine al despertarse por la mañana antes de iniciar la recolección.  
**NO ALMACENE ESTA MUESTRA**  
**REGISTRE LA FECHA: \_\_\_\_\_ HORA: \_\_\_\_\_ A.M./P.M.**
3. Recolecte la totalidad de la orina de las próximas 24 horas en el frasco proporcionado. Nota: No orine directamente en los frascos de recolección de orina durante 24 horas.
4. Mantenga refrigerado el frasco de recolección de orina durante todo el período de recolección.
5. La última recolección debe realizarse a la MISMA HORA del día siguiente.  
**REGISTRE LA FECHA: \_\_\_\_\_ HORA: \_\_\_\_\_ A. M./P. M.**
6. Lleve los frascos de recolección de orina de 24 horas al laboratorio junto con estas instrucciones y la orden de laboratorio de su proveedor.

HEALTH NETWORK LABORATORIES LP  
794 ROBLE ROAD, ALLENTOWN, PA 18109-9110  
CUSTOMER CARE: 484-425-8170 – TOLL FREE: 1-877-402-1422 – FAX: 484-425-8181  
WWW.HEALTHNETWORKLABS.COM

## CLINICIAN CYTOBRUSH/SPATULA COLLECTION PROTOCOL

### Instructions

1. Sample ectocervix with plastic spatula.
2. Rinse spatula in the PreservCyt vial by swirling vigorously 10 times. Place cap on vial until step 4. Discard collection device.
3. Sample endocervix with the Cytobrush device. Insert the Cytobrush device until only the bottom most fibers are exposed. Slowly rotate 1/2 turn in one direction. Do not over-rotate. Remove device.
4. Rinse the Cytobrush in the PreservCyt solution by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. Swirl the brush vigorously to further release material. Discard the collection device.
5. Tighten the PreservCyt vial cap so that the torque line on the cap passes the torque line on the vial.
6. Record the patient's full name and ID number on the PreservCyt vial.
7. Record the patient information and medical history on the Cytology requisition form.
8. Place the PreservCyt vial and Cytology requisition form in the collection bag for transport to the laboratory. Transport to Cytology laboratory according to the standard clinic procedure.

Reference: Hologic Corporation, 237 Center Hill Street, Marlborough, MA 01752

## SPECIAL HANDLING INSTRUCTIONS FOR COAGULATION STUDIES

1. Drawing of Coagulation studies
  - A clean venipuncture is essential to avoid platelet and coagulation activation. Winged collection sets, when used in combination with smaller gauge needles, should be used with caution.
  - Use a 3.2% buffered sodium citrate tube. Hematocrits >55% must have the anticoagulant adjusted and require a special blue top tube obtained from the laboratory.
  - Avoid contamination of the specimen with heparin from “lines” by performing a saline “flush” followed by a 5 mL blood discard.
  - Fill Blue top tubes until blood flow ceases and mix by gentle inversion. Specimens containing fibrin clots will be rejected.
  - Deliver coagulation specimens immediately to the laboratory, or follow specific processing guidelines if specimens are processed prior to transport.

## THE ACCEPTABLE ORDER OF DRAW FOR MULTIPLE SAMPLES IS:

1. Blood culture bottle(s)
2. Coagulation tube (Blue top, sodium citrate)
3. Serum tube with or without clot activator, with or without gel (i.e., Gold top tube)
4. Heparin tube (Green top)
5. EDTA tube (Lavender top)
6. Glycolytic inhibitor (Gray top, oxalate-fluoride tube)
7. Other additive tubes

### EXCEPTIONS TO ORDER OF DRAW:

- Glass (no additive) serum tubes may be drawn before the coagulation tube.
- If only a coagulation Blue top tube is to be drawn for the routine testing of PT or APTT, a discard tube is not required if a regular (straight) blood collection needle is used.
- When using a winged blood collection set with a coagulation tube as the first tube to be drawn, a discard tube must be drawn first to fill the blood collection tubing dead space. The discard tube must be a glass (no additive) or a coagulation tube.

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## Special Handling Instructions for Coagulation Studies (continued)

### 2. Processing of Coagulation studies

- Valid results can only be obtained when coagulation specimens have been handled and processed correctly. Please refer to the alphabetical test listing of this handbook for the type of processing required for each individual coagulation test.
- **Instructions for coagulation studies that require the preparation of “platelet-poor plasma” prior to freezing the specimen:**
  1. Immediately centrifuge the blue top tube(s) for 10-15 minutes. (First Spin)
  2. Carefully remove the plasma from cells using a plastic transfer pipette.
  3. Dispense the plasma into a plastic aliquot tube and centrifuge plasma for an additional 10-15 minutes. (Second Spin)
  4. At the end of the second spin, using a plastic transfer pipette, transfer the plasma into the required number of properly labeled plastic aliquot tubes (preferably polypropylene) and freeze.

**Note:** Use caution to only remove the top part of the plasma at each plasma transfer step, leaving approximately 100-200 uL undisturbed in the bottom of the tube.

**Note:** Each aliquot tube should also be labeled with a “platelet-poor plasma” sticker. Submission of specimens in glass tubes is unacceptable. The number of aliquot tubes required for each individual assay can be found in the alphabetical test listing section of this handbook.

- Transport the frozen, aliquoted specimens surrounded by an adequate amount of dry ice. Specimens must arrive in the laboratory in a frozen state. Previously frozen specimens that have thawed during transport are unacceptable for testing.

## MINIMUM SPECIMEN REQUIREMENTS FOR NEWBORN/PEDIATRIC OR ADULT DIFFICULT DRAW PATIENTS

Following are the absolute minimum amounts of acceptable specimens required for performing tests on the above types of patients. It is important that specimens be collected in the specific tubes mentioned since this will yield the maximum amount of usable specimen.

Please be aware that when the minimum amounts are submitted, it does not allow for tests to be repeated or for tests to be added on at a later time. These minimums are yielded under ideal patient conditions.

For Neonatal Intensive Care Unit babies, please be as conservative as possible when collecting blood specimens by heel stick.

TEST	MINIMUM AMOUNT AND CONTAINER
Alkaline Phosphatase	One full Yellow, Green or Red Microtainer®
Amylase and Lipase	One full Yellow, Green or Red Microtainer®
Antibiotic or Drug Level	One full Red Microtainer®
Bilirubin, Total and/or Direct	One full Yellow, Green or Red Microtainer®
Blood Culture: Peds NICU/NSY only Adults	1-10 mL in blue BacT/Alert® bottle 1-3 mL in blue BacT/Alert® bottle * 10 mL each bottle, Blue and Purple
Blood Type	One full Lavender Microtainer®
Basic Metabolic Profile	One full Yellow, Green or Red Microtainer®
CBC/Diff)	One full Lavender Microtainer® (500 uL)
Cholesterol	One full Yellow, Green or Red Microtainer®
CK	One full Yellow, Green or Red Microtainer®
Cold Agglutinin	Two full Red Microtainer®s
Comprehensive Metabolic Panel	One full Yellow, Green or Red Microtainer®
Copper	2 mL serum in Royal Blue top trace metal tube, red label
Direct Coombs (DAT)	One full Lavender Microtainer®
Electrolytes (Na, K Cl, CO2)	One full Yellow, Green or Red Microtainer®
GGT	One full Yellow, Green or Red Microtainer®
Glucose	One full Yellow, Green or Red Microtainer®
Hemoglobin Electrophoresis	One full Lavender Microtainer®
Hepatitis B Surface Antigen (HBsAg)	Two full Yellow or Red Microtainer®s

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# Specimen Collection, Preparation & Handling

## Minimum Specimen Requirements for Newborn/Pediatric or Adult Difficult Draw Patients

TEST	MINIMUM AMOUNT AND CONTAINER
Hepatitis Panel, Acute	One full SST tube or four full Yellow or Red Microtainers®
Hepatitis Profile, Comprehensive	One full SST tube or four full Yellow or Red Microtainers®
HIV 1/2 Antibody Screen	Two full Yellow or Red Microtainers®
IgG, IgA, IgM, IgE	Two full Yellow or Red Microtainers®
CD4 Profile (T cells) or Lymphocyte Subset (T & B cells)	One Lavender EDTA top tube
Iron	One full Yellow, Green or Red Microtainer®
LDH	One full Yellow, Green or Red Microtainer®
Lead	3 mL in Dark Blue top tube with Purple EDTA label or 3mL in Tan top tube or 1 full Lavender Microtainer®
Osmolality	One full Yellow or Red Microtainer®
PT and PTT	One full Pediatric Light Blue top tube
RPR	Two full Yellow or Red Microtainer®
Salicylate	One full Yellow or Red Microtainer®
SGOT (AST)	One full yellow, Green or Red Microtainer®
SGPT (ALT)	One full yellow, Green or Red Microtainer®
T4	Two full Yellow Microtainers®
T4 and TSH	Two full Yellow Microtainers®
Total Protein and Albumin	One full Yellow, Green or Red Microtainer®
TSH	Two full Yellow Microtainers®
Type and Antibody Screen	Two full Lavender Microtainers®
Type and Antibody Screen with DAT	Two full Lavender Microtainers®
Type and Screen for Blood Transfusion	Two full Lavender Microtainers for neonates and under 4 months old. Three full Lavender Microtainers® for pediatric at 4 months and older.
Vitamin E	1 mL serum two full Yellow or Red Microtainer®
Zinc	1 mL serum in Royal Blue top trace metal tube Red label

\*If only 10 mL are collected, submit in aerobic (blue) bottle only.

Note: For additional information on tests not listed, please call Customer Care at either 610-402-8170 or 877-402-4221 (toll free).



## SPECIMEN REJECTION

When specimens are received in the laboratory, they may be rejected for any one of the following reasons. No specimen will be rejected until appropriate efforts have been made to correct the problem.

1. Specimen received without a label or with improper identification
  - Unlabeled/mislabeled blood specimens from a physician's office/client can be accepted if the office/client accepts the responsibility of labeling the specimen.
  - Unlabeled/mislabeled pathology/cytology specimens will be returned to the physician's office/client for correction. In addition to patient demographics, the specimen source (body site) must be clearly defined and match on both the specimen container and requisition
  - A Client Specimen Identification Form (on the next page) must be completed and returned via fax prior to testing. If a fax machine is not available, the form must be completed and returned within 72 hours. Results will not be released until paperwork is complete. Note: If your collection facility is located at or near an HNL Acute Care or testing laboratory, specimen identification may be requested in person.
2. Specimens may be of questionable integrity (depending on tests ordered) when:
  - Incorrect transport container
  - Insufficient volume
  - Hemolysis (depending on tests ordered)
  - Improper handling or storage of specimen
  - Clotted specimen (depending on tests ordered)

**NOTIFICATION: The client will be notified as soon as possible should the specimen be unacceptable for any of the above reasons.**

# Specimen Collection, Preparation & Handling

794 Roble Road  
Allentown, PA 18109  
484-425-8794

## 114873.3631 QUAL Client Specimen Identification Form HNLPI04

TO: \_\_\_\_\_ FROM: \_\_\_\_\_

DATE: \_\_\_\_\_ CLIENT FAX #: \_\_\_\_\_ # of Pages \_\_\_\_\_

We received specimen(s) that cannot be processed due to following specimen identification issue(s) shown in Section 1 below.

Please review Section 1 and complete Section 2 below and fax to number noted at bottom of form.

### SECTION 1 (Completed by HNL)

Patient Name: \_\_\_\_\_

Medical Record # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date/Time of Collection \_\_\_\_\_ Specimen Type \_\_\_\_\_

#### Specimen Identification Issue(s) (Check all that apply)

- ☐ Unlabeled Specimen (No identification on specimen container)
- ☐ Incomplete Information (Partial identification information provided)
- ☐ Mislabelled Specimen (Incorrect identifier(s) on specimen container label)

#### HNL Employee Completing Form:

Name: \_\_\_\_\_ Tech Code \_\_\_\_\_ Date/Time \_\_\_\_\_

### SECTION 2 (Completed by Person Responsible for Collection or Requesting Physician)

#### A. Provide the following information to authorize HNL to proceed processing or discard the specimen(s)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Specimen Type: \_\_\_\_\_ Date/Collection Time: \_\_\_\_\_

#### B. Please indicate the reason testing to be performed (in accordance with Clinical Laboratory Accreditation Regulatory requirements). Select all that apply

- ☐ Specimen is Irretrievable
- ☐ Test is Critical – Delay to Recollect New Specimen May Compromise Patient Care
- ☐ Clinical Reasons Exist For Avoiding Recollection
- ☐ Patient is Unavailable for Second Collection
- ☐ Other, please explain \_\_\_\_\_

#### C. Do Not Process Specimen

- ☐ Discard specimen

#### D. By completion and signature of this form I accept responsibility for the instructions provided to Health Network Laboratories to process the specimen(s).

Print Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_ Job Title: \_\_\_\_\_

Fax completed form to: \_\_\_\_\_

#### CONFIDENTIAL

This facsimile may contain confidential information which also may be medically privileged and which is intended only for the use of the addressee(s) named above. If you are not the intended recipient of this facsimile, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile may be strictly prohibited. If you receive this facsimile in error, please notify us immediately by telephone and return the original facsimile to us at the address below via the postal service.

## **SPECIMEN RETENTION/TEST ADDITIONS**

Except for unstable specimens (e.g., those for cultures, CBCs, urinalysis) HNL retains most specimens for several days.

If a test is to be added to a specimen that is already in the laboratory or if a repeat assay is requested, please contact Customer Care at 877-402-4221 (toll free).

A representative can arrange for additional testing if sufficient specimen volume remains after the initial tests are completed. Federal regulations require that we obtain, within 30 days of a verbal request, written authorization for every test we perform. You will be asked to forward a signed order, via fax or mail, for all verbal requests