

## I. COLLECTION LOCATIONS

### ○ *Inpatient Phlebotomy*

- Inpatient phlebotomy performs daily collection rotations every 2 hours between the hours of 6:00 am and 10:00 pm (the last blood collection rotation takes place between 10:00 pm and Midnight), 7 days per week including holidays.
- Patient orders for the 6:00 am draw must be entered in the system before 4:00 am to ensure collection during the 6:00 am rotation. Orders entered between 4:00 am and 7:45 am will default to the 8:00 am rotation.
- Patient orders for all 8:00 am, 10:00 am, 12:00 pm, 2:00 pm, 4:00 pm, 6:00 pm, and 10:00 pm rotations must be entered into the electronic medical record (EMR) no later than 15 minutes prior to the desired rotation time or they will default to the next scheduled rotation collection time.
- Inpatient phlebotomy rotations do not include patients in the following unit: EMSV (except EWARD patients), L&D, NICU, PICU, 5E Sickle Cell, NSICU, MSICU, 7W Organ Transplant, UIHO, and UNKOW (location unknown). Blood collections in these locations are the responsibility of the RNs/MDs.
- RNs/MDs are responsible for all STAT, TIMED, and BLOOD GAS specimen collections in addition to any non-blood specimen collections.
- Patient orders to be collected by phlebotomy must be ordered in the EMR using the order sentence shown below:
  - [Routine Phlebotomy, Lab to Draw, Collected “No”, MD/RN to Draw “No”]
    - Note: Modifying any of these order details will prevent the order from appearing on the desired phlebotomy collection list and may result in being missed for rotation by phlebotomy.
- All orders must be placed in the EMR. Manual orders should only be used during EMR downtimes or for tests not listed in the EMR system.
- All orders must be placed on the current inpatient admission encounter. Lab orders placed on an incorrect/not-current encounter may result in the orders being missed for rotation by phlebotomy.
- When patients are transferred to a new unit, the new unit’s Physician Service Team is responsible for placing new orders for any tests that may have been cancelled during the transfer process.

### ○ *Outpatient Phlebotomy*

- Clinic patient may have their blood drawn in the Outpatient Care Center (OCC) located in Suite 4B. Hours of operation are 7:30 am to 6:00 pm Monday through Wednesday, 7:30 am to 7:00 pm Thursday, and 7:30-4:30 pm on Friday. Appointments are recommended except for day of service visits.
- Additional outpatient phlebotomy locations include:

- Oncology in OCC Suite 1E, Monday to Friday 7:30 am to 4:30 pm
- Pediatrics in OCC Suite 2E, Monday to Friday 9:00 am to 4:30 pm
- Infectious Disease in OCC Suite 3A, Monday to Friday 9:00 am to 4:30 pm
- Surgical Care Building (SCB), Monday to Friday 7:30 am to 4:30 pm

## II. SPECIMEN COLLECTION

### ○ *How to Use the Vacutainer® System for Blood Collection*

- Put on the appropriate personal protective equipment (PPE).
- Attach need to Vacutainer® holder.
- Insert test tube to line on the holder.
  - All tube types are Hemoguard (Becton Dickinson) and sterile.
- Apply tourniquet, palpate vein, cleanse area, insert needle.
- Push test tube to the top of the holder to allow blood to flow into tube by vacuum.
  - To fill more than one tube, leave needle in the vein while changing tubes.
  - To avoid anticoagulant/additive contamination when drawing multiple specimen types, the below “Order of Draw” table must be followed. Tube types within a grouping may be drawn in any order.

<i>Order of Draw (Blood)</i>			
<i>Stopper Color</i>	<i>Contents</i>	<i>Specimen</i>	<i>Amount/Tube</i>
Blood culture	Polyanethol sulfonate SPS	Whole blood	
Light Blue	Sodium citrate	Plasma	2.7 and 1.8 mL
Yellow	ACD solution	Whole blood	10 mL
Gold (SST™)	Gel/no anticoagulant	Serum	6 mL
Red	No anticoagulant	Serum	6 and 2 mL
Royal Blue with red band (trace elements)	No anticoagulant	Serum	6 mL
Light Green (PST™)	Gel/lithium heparin	Plasma	3 mL
Dark Green	Sodium heparin	Plasma	6 and 3 mL
Tan (lead determination)	Heparin/lead-free	Plasma	6 mL
Lavender	EDTA	Whole blood	6 and 3 mL
Gray	Sodium fluoride	Plasma	3 mL

### ○ *How to Use the Vacutainer® System for Urine Collection*

- A 10 mL plain yellow (non-Hemoguard) tube is available for transport of routine urinalysis specimens.

- A 13x100 mm red top tube is used for random urine collection transport and aliquots of selected time urine collections.
- For 24-hour specimens, the volume of the collection should be written both on the tube and on the order.
  - Some timed urine collections require that the entire urine collection be submitted for processing. Please refer to individual test listings for more detailed instructions.

<i>Urine</i>			
<i>Stopper Color</i>	<i>Contents</i>	<i>Specimen</i>	<i>Amount/Tube</i>
Yellow (urinalysis)	No anticoagulant	Urine	10 mL
Red (urine for Chemistry testing)	No anticoagulant	Urine	6 mL
Gray (urine for culture and sensitivities)	Boric acid	Urine	4 mL

○ *Specimen Labeling*

- Every specimen must have an electronically-generated patient label with a minimum of 2 patient identifiers (name and date of birth) placed on the specimen container.
- Labels should not be placed on the lid of the container or on the biohazard transport bag.
- Discrepancies in patient and/or specimen identification will create delays in specimen processing and required a new specimen to be collected and submitted.

○ *Specimen Transport via Pneumatic Tube System*

- All specimens must be able to be contained within a sealed biohazard bag.
  - If the specimen cannot be contained within a sealed biohazard bag, it may not be sent via the pneumatic tube system and instead, personnel will need to hand deliver the specimen(s) to Specimen Processing in the Clinical Sciences North Building Room 214.
- All specimens must have an appropriate order either placed in the EMR or a manual, paper requisition placed in the outside sleeve of the biohazard bag. Manual requisitions should not be placed inside the biohazard bag and should also not be stapled to the bag.
- Specimen-specific guidelines for transport are:
  - Body fluids should be sent in sterile, securely sealed specimen cups or sterile collection tubes. Specimens received in a syringe with a needle attached will be rejected as the laboratory will not remove the needle nor return it to the unit for removal. If the specimen is deemed to be an irretrievable specimen, the unit will be allowed to come to the laboratory to remove the needle.

- Blood gas samples must be sent in a securely capped heparinized syringe with needle removed or a capillary tube. Specimens received in a syringe with a needle attached will be rejected as the laboratory will not remove the needle nor return it to the unit for removal.
- Blood culture bottles must be packaged separately from routine blood work. Specimens should not be combined in a single biohazard bag.
- Urine specimens are to be sent in a securely stoppered tube.
- Stool specimens should be sent in a plastic stool collection container and double-bagged in securely sealed biohazard bags.
- Specimens that have leaked in transit will be rejected by the laboratory and a new specimen and order will need to be submitted for processing.