

## NICU/Pediatric Laboratory Minimum Volumes

<b>Nursing First Steps Before Collection</b>	<b>Vacutainer/Syringe Order of Draw</b>	<b>Heel/Fingerstick Order of Draw</b>
1. Check charted volumes from previous collection.	1. Blue (Na Citrate) – When using a butterfly device and evacuated system, draw a clearing tube – Plain red (no additive) top first.	1. Lavender - Microtainer
2. Check weight of patient for blood calculation.	2. Red/Gold (SST-gel barrier) with or w/o clot activator	2. Other Additive - Microtainer
3. Determine MAX blood allowable for the day.	3. Green (Li Heparin)	3. Red/Gold - Microtainer
4. Check Hematocrit.	4. Lavender (EDTA)	4. Gray
5. Ask physician for priority of tests.	5. Gray (Na Fluoride/K Oxalate)	
<b>IMPORTANT NOTE</b>		
<p>⚠️ If complete analysis is not possible with volume submitted, you may need to prioritize tests in order of importance.</p> <p>⚠️ The TAT may be delayed due to minimum volume submitted for testing.</p> <p>⚠️ Repeat analysis to verify results may not be possible with minimum volume.</p> <p>⚠️ Check with physician if they want a Direct Bilirubin when a Total Bilirubin or CMP has been ordered</p>		
	<b>Gently Invert</b>	
PT, APTT, FIB, DDIQ(D-Dimer)	1.8 mL BLUE TOP Important – Fill to above etched line <b><i>minimum DO NOT overfill</i></b>	3 to 4
CBC w/ OR w/o DIFF, MDIFF and/or RETIC	1 LAVENDER TOP TUBE (Fill to Max Line, <b><i>DO NOT overfill</i></b> – Testing based on blood volume)	8
AMON (except Page, WYMCC, BLMC, OCH)	1 LAVENDER MICROTAINER (Fill to Max Line, <b><i>DO NOT overfill</i></b> ) On Ice-Full	8
ESR (Sed Rate)	1.5 mL in a LAVENDER TOP TUBE (Fill to Max Line, <b><i>DO NOT overfill</i></b> – Testing based on blood volume)	8
Type and Screen (TASO) Patients ≥ 4 mo.	1mL (pediatrics) PINK TOP or EDTA LAVENDER Important- if screen is positive, additional sample for antibody identification may be needed	8-10
Type and Cross- includes blood type & antibody screen patients ≥ 4 mo.	1.5mL - 2mL (pediatrics) PINK TOP or EDTA LAVENDER Important- if screen is positive, additional sample for antibody identification may be needed	8-10
Type and Cross- Neonatal patients < 4 mo.	0.5mL (neonates) MICROTAINER	8-10
BMP (Basic Metabolic), CMP (Comprehensive Metabolic), RFP (Renal), HFP (Hepatic)	2 GREEN MICROTAINERS (Fill to Max Line)	10
CAION	1 GREEN MICROTAINER (Fill to Max Line) On Ice-Full	10
AMON (Page, WYMCC, BLMC, OCH)	1 GREEN MICROTAINER (Fill to Max Line) On Ice-Full	10
Chromosome Analysis; FISH (12, 18, XY)	2 – 3 mL NA HEPARIN GREEN TUBE	10
HSVPCRQL	2 RED MICROTAINERS OR GOLD SST TUBE (Fill to Max Line)	0 – RED 5 – SST
T4, T3, T3FREE, IGG, INSULIN, FSH, LH	FOR 1 TEST – 1 mL GOLD/SST TUBE 3 OR MORE TESTS – 3 mL GOLD/SST TUBE	5
HGH, CELIAC (Pediatric)	HGH – 1 mL GOLD/SST TUBE CELIA – 2 mL GOLD/SST TUBE	5
LA (Lactic Acid/Lactate)	2 mL GRAY TUBE (2 mL minimum)	8 – 10

**\*At BIMC only, verify volumes with Laboratory before collection in the event the test needs to be sent to another facility.**