El Paso Children's HOSPITAL

Laboratory

Badge Buddy

Amylase	0.5mL
Acetaminophen	1 mL
AFP	1 mL
ALT(SGPT)/AST(SCOT)	0.5 mL
ANA	2 mL
BUN/Creatinine	0.5 mL
Calcium	0.5 mL
Chloride/CO2	0.5 mL
CK-MB or CK	1.5 mL
CRP or HCRP	0.5 mL
Bilirubin (Total & Direct)	0.5 mL
Direct LDL	1 mL
Ferritin	2 mL
Folate	1.5 mL
FSH/ LH	1.5 mL
FREE T3 / FREE T4	1 mL
Glucose	0.5 mL
Gentamicin	0.5 mL
HDL	1 mL
HIV / HCV / Hepatitis	2 mL
Iron / UIBC	0.5 mL
Insulin	1 mL
LDH	1 mL
Magnesium/Phosphorus	0.5 mL
NT BNP	1 mL
Potassium/Sodium	0.5 mL
Phenobarbital	0.5 mL
Phenytoin	0.5 mL
TSH	1 mL
TOTAL T3 / TOTAL T4	1 mL
URIC ACID	1 mL
Valproic Acid	0.5 mL
Vancomycin	0.5 mL
Vitamin D	1 mL

El Paso Children's Hospital

Pediatric Lab tube colors and minimum amounts

BMP	1 mL
CMP	1 mL
Alkaline Phosphatase	0.5 mL
Troponin I	1.5 mL
CK-MB	1.5 mL
HCRP	0.5 mL
Procalcitonin	1 mL *lithium heparin*
CBC with differential	0.5 mL
Ammonia	1 mL *on ICE*
Platelet Count	0.5 mL
Sed rate	1.5 mL
Reticulocyte Count	0.5 mL
Type and Cross	2 mL > 4 mos
Neonatal Workup	1 mL < 4 mos
PT/PTT/Fibrinogen	Fill Line
Acetone	1.5 mL
Immunoglobulins	2 mL
Osmolality	1 mL
Thyroid Profile	2 mL
Amikacin	1 mL
CMV or EBV, IgM, IgG	3 mL
Lactate	0.5 mL *on ICE*
Blood Culture	1 mL
Urine Culture	1 mL

Rev. 7/2025

Reasons for Recollection

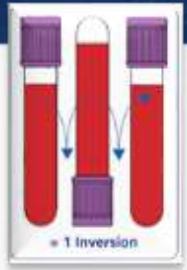
- Hemolysis
- Clots
- Contamination
- Mislabels
- Quantity not sufficient
- Overfilled blue top

Hemolysis

- Not letting alcohol dry before drawing blood
- Pulling blood too fast when drawing from a syringe
- The smaller the needle, the greater chance for hemolysis if drawing too fast

Clots

- Not inverting specimen as soon as blood is drawn into the tube



✖ 6-8

- Letting blood sit in syringe for too long

Contamination

- Not following appropriate order of draw
- Not following waste procedures when drawing from the IV
- Drawing above an IV line when not stopped

QNS/Overfilled

•When drawing microtainers keep in mind hematocrit. High hematocrit = less serum

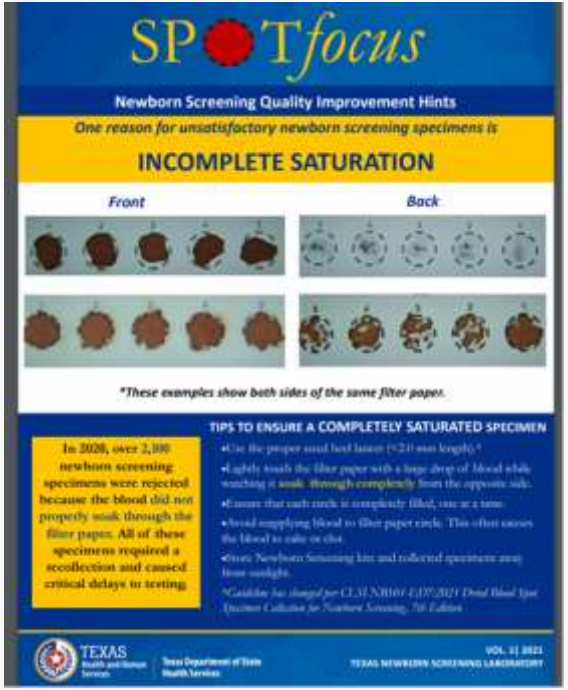
•For blue tops, needs to be filled up to the line. Underfilling or overfilling will be an automatic recollect

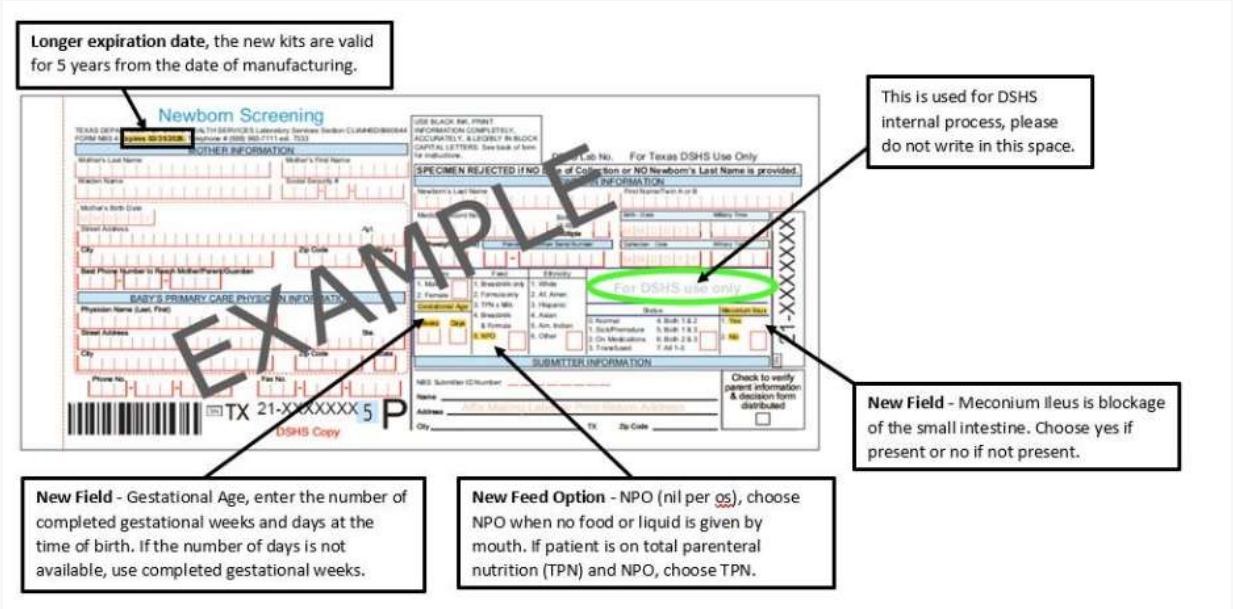
Blood Culture Set

- **One pediatric blood culture bottle can take the place of the set consisting of one aerobic and one anaerobic when collecting from pediatric patients (minimum 1 cc per pediatric bottle).**
- **Aseptic technique must be used to obtain these specimens in order to eliminate skin contaminants and thus provide clinician with diagnostically useful information (Make sure to clean the bottle with an Alcohol swab prior)**
- **Make sure to put the site of collection**

NBS

NBS 1 less then 48 hours ,NBS 2 after 7 days





CSF (Cerebrospinal fluid)

- Can they be sent in the tube system?

- Walk down ASAP (30 MIN FROM COLLETION)
- Always put the source of collection

Whole Blood

What is Whole Blood?

Whole blood is collected in an anticoagulant tube (e.g., lavender or light blue) to ***prevent clotting*** for tests such as CBC, ESR, and certain coagulation studies.

Serum vs Plasma

What is Plasma?

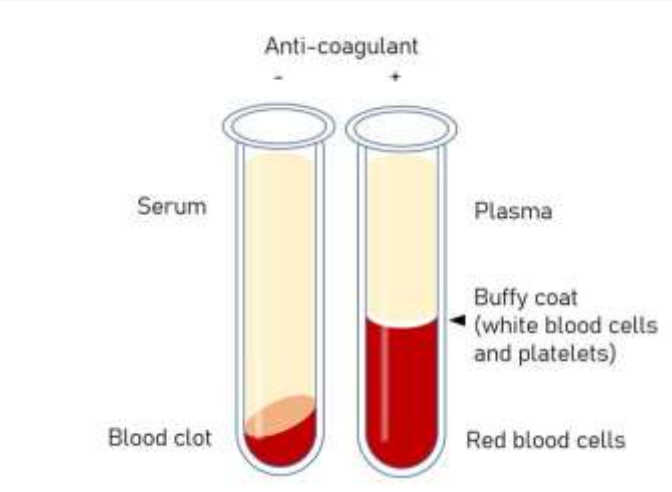
Plasma is obtained by centrifuging a tube of whole blood collected with an anticoagulant.

What is Serum?

Serum is obtained by centrifuging ***clotted*** whole blood collected in a coagulation tube or a tube with no additive (e.g., red or gold/SST). It is commonly used for tests such as CMP, BMP, magnesium, and phosphorus.

Serum vs Plasma

From Clotted Whole Blood



From Whole Blood

Please Note

Although we may receive approximately 3 mL of Whole Blood, once the sample is centrifuged we may only obtain about 1.5 mL of usable serum or plasma. This reduction in volume is expected because a portion of the original sample consists of cellular components that separate out during centrifugation.

THIS IS OUR HOSPITAL

Q & A

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