

Phlebotomy Guide - Vacutainer Tube Types for indicated tests

Please check www.chl.co.nz/test for sample requirements for unlisted tests

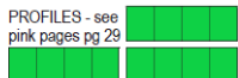
Minimum Specimen Labelling requirements:

Full Name + DoB or NHI

Failure to provide these details may result in sample rejection at the labs

Order of Draw - Follow from left to right, collecting samples as required.

PROFILES - see
pink pages pg 29



B.CULTURE



CITRATE



PLAIN



SST/GOLD



LIHEP



YELLOW



EDTA



EDTA Pink



K2EDTA



FLUORIDE

Canterbury Health Laboratories will rely on the requestor to obtain informed consent for the requested tests, and any additional related tests, to be performed by the laboratory.

BIOCHEMISTRY		<input type="checkbox"/> Fasting	
BIOCHEM	<input type="checkbox"/> BHCG (pregnancy)	<input type="checkbox"/> BIL	
<input type="checkbox"/> Na, K	<input type="checkbox"/> Ca	<input type="checkbox"/> CBIL	
<input type="checkbox"/> CRN	<input type="checkbox"/> PO4	<input type="checkbox"/> ALP	
<input type="checkbox"/> UREA	<input type="checkbox"/> Alb	<input type="checkbox"/> AST	
<input type="checkbox"/> URAT	<input type="checkbox"/> Mg	<input type="checkbox"/> GGT	
<input type="checkbox"/> GLU	<input type="checkbox"/> AMS	<input type="checkbox"/> ALT	
<input type="checkbox"/> TPO	<input type="checkbox"/> CRP	<input type="checkbox"/> CK	
<input type="checkbox"/> LIPS	<input type="checkbox"/> FT4	<input type="checkbox"/> TNI	
<input type="checkbox"/> Ferritin	<input type="checkbox"/> TSH	<input type="checkbox"/> Digoxin (Dig)	
<input type="checkbox"/> Iron studies	<input type="checkbox"/> PSA	<input type="checkbox"/> Lithium (Li)	
<input type="checkbox"/> B12/Folate (VIT)	<input type="checkbox"/> AFP	<input type="checkbox"/> BHCG (tumour)	
<input type="checkbox"/> Carbamazepine	<input type="checkbox"/> Cortisol	<input type="checkbox"/> LDH	
<input type="checkbox"/> Leverfircitam	<input type="checkbox"/> HbA1c	<input type="checkbox"/> BNP	
<input type="checkbox"/> Phenytoin	<input type="checkbox"/> Tobramycin		
<input type="checkbox"/> Valproic Acid	<input type="checkbox"/> Vancomycin		
<input type="checkbox"/> Gentamicin	<input type="checkbox"/> Lamotrigine		
Dose			
Dose time	Dose date		

HAEMATOLOGY	
<input type="checkbox"/> CBCD (+DIFF)	<input type="checkbox"/> Retic
Patient on anticoagulants: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> INR	<input type="checkbox"/> D-Dimer
<input type="checkbox"/> APTT	<input type="checkbox"/> Coag Screen
<input type="checkbox"/> DIC screen	<input type="checkbox"/> Lupus
BIOCHEMISTRY	
<input type="checkbox"/> BIOCHEM URINE	<input type="checkbox"/> Random <input type="checkbox"/> 24 hour
<input type="checkbox"/> UNA, UK	<input type="checkbox"/> UCRN <input type="checkbox"/> UOSM
<input type="checkbox"/> UPRO	<input type="checkbox"/> MALB
BLOOD GAS	O2 therapy: %
<input type="checkbox"/> Arterial	<input type="checkbox"/> Venous
<input type="checkbox"/> Blood Gas	<input type="checkbox"/> Co-oximetry
<input type="checkbox"/> Blood Gas + Electrolytes	
Dose duration (in mins.) if IV	
Dose interval	

MICROBIOLOGY	
MICRO URINE	<u>Specify Sample Type</u>
<input type="checkbox"/> Midstream	<input type="checkbox"/> Catheter
<input type="checkbox"/> Bladder puncture	<input type="checkbox"/> Bag <input type="checkbox"/> Other
Test Req'd	
<input type="checkbox"/> Micro/Culture	
FAECES: Test(s) Req'd	
<input type="checkbox"/> CSF	<input type="checkbox"/> BLOOD CULTURE
<input type="checkbox"/> SPUTUM	} Site: Test:
<input type="checkbox"/> SWAB	
<input type="checkbox"/> ASPIRATE	
<input type="checkbox"/> TISSUE	

IMMUNOLOGY	
<input type="checkbox"/> ANA	<input type="checkbox"/> Coeliac Screen
<input type="checkbox"/> Tissue Abs	<input type="checkbox"/> ANCA Screen
<input type="checkbox"/> PR3/MPO	<input type="checkbox"/> ACCP
<input type="checkbox"/> DNA Abs	<input type="checkbox"/> Cardioplin Abs
<input type="checkbox"/> ENA Abs	<input type="checkbox"/> IgE (total)
<input type="checkbox"/> Myositis Ab	<input type="checkbox"/> Skin Ab
<input type="checkbox"/> Neuronal (specify below)	

PROTEINS	
<input type="checkbox"/> Rheum Factor	<input type="checkbox"/> Ig's
<input type="checkbox"/> SFLC	<input type="checkbox"/> Myeloma Screen
<input type="checkbox"/> Complement	

VIROLOGY	
Specimen:	
Test:	<input type="checkbox"/> Viral Load

SEROLOGY*	
<input type="checkbox"/> HIV	<input type="checkbox"/> Varicella
<input type="checkbox"/> Hep A,B,C	<input type="checkbox"/> CMV
<input type="checkbox"/> Syphilis	<input type="checkbox"/> EBV
<input type="checkbox"/> Rubella	<input type="checkbox"/> Leptospira
<input type="checkbox"/> Measles	<input type="checkbox"/> Streptococcal
<input type="checkbox"/> Mumps	<input type="checkbox"/> Toxoplasma
*Duration of illness in days <input type="text"/>	

TOXICOLOGY	
<input type="checkbox"/> Cyclosporin	<input type="checkbox"/> Tacrolimus
Dose	
Dose time	Dose date
Dose duration (in mins.) if IV	
Dose interval	

CLINICAL DETAILS
Recent Transfusions (Y/N)

Drug/Antibiotic Therapy:
Obstet: g p wk