

Phlebotomy Guide - Vacutainer Tube Types for indicated tests

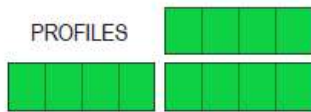
Please check www.chl.co.nz/test for sample requirements for unlisted tests

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  B.CULTURE CITRATE YELLOW/CPDA PLAIN SST/GOLD LIHEP 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"/> Na, K <input type="checkbox"/> Cl	<input type="checkbox"/> βHCG (pregnancy)
<input type="checkbox"/> CRN	<input type="checkbox"/> UREA	<input type="checkbox"/> Ca
<input type="checkbox"/> URAT	<input type="checkbox"/> GLU	<input type="checkbox"/> PO4
<input type="checkbox"/> TPO	<input type="checkbox"/> LIPS	<input type="checkbox"/> Alb
<input type="checkbox"/> Ferritin	<input type="checkbox"/> Iron studies	<input type="checkbox"/> Mg
<input type="checkbox"/> B12/Folate (VIT)	<input type="checkbox"/> Carbamazepine	<input type="checkbox"/> Lipase
<input type="checkbox"/> Levertiracetam	<input type="checkbox"/> Phenytoin	<input type="checkbox"/> CRP
<input type="checkbox"/> Valproic Acid	<input type="checkbox"/> Gentamicin	<input type="checkbox"/> FT4
<input type="checkbox"/> Lamotrigine		<input type="checkbox"/> TSH
		<input type="checkbox"/> PSA
		<input type="checkbox"/> AFP
		<input type="checkbox"/> Cortisol
		<input type="checkbox"/> HbA1c
		<input type="checkbox"/> Tobramycin
		<input type="checkbox"/> Vancomycin
		<input type="checkbox"/> Lamotrigine
		<input type="checkbox"/> BIL
		<input type="checkbox"/> CBIL
		<input type="checkbox"/> ALP
		<input type="checkbox"/> AST
		<input type="checkbox"/> GGT
		<input type="checkbox"/> ALT
		<input type="checkbox"/> CK
		<input type="checkbox"/> TNI
		<input type="checkbox"/> Digoxin (Dig)
		<input type="checkbox"/> Lithium (Li)
		<input type="checkbox"/> βHCG (tumour)
		<input type="checkbox"/> LDH
		<input type="checkbox"/> BNP
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 checked="" type="checkbox"/> Lupus
BIOCHEMISTRY	
BIOCHEM URINE	<input type="checkbox"/> Random <input type="checkbox"/> 24 hour
<input type="checkbox"/> UNa, UK	<input type="checkbox"/> UCRN
<input type="checkbox"/> UPRO	<input type="checkbox"/> UOSM
<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	Specify Sample Type
<input type="checkbox"/> Midstream	<input type="checkbox"/> Catheter
<input type="checkbox"/> Bladder puncture	<input type="checkbox"/> Bag <input type="checkbox"/> Other
<input type="checkbox"/> 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	
<input type="checkbox"/> SWAB	} Site:
<input type="checkbox"/> ASPIRATE	
<input type="checkbox"/> TISSUE	} Test:

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"/> Cardiolipin 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 checked="" type="checkbox"/> HIV	<input type="checkbox"/> Varicella
<input checked="" type="checkbox"/> Hep A,B,C	<input type="checkbox"/> CMV
<input checked="" 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