Did you know that Central Laboratory at the Glen site receives between 5,000 and 6,000 specimen tubes per day?

We know that every minute counts and we want to provide you with the fastest turn-around-time possible. Unfortunately, many errors are committed before the specimens are even received by the laboratory which leads to many unnecessary delays.

Help us help you so that TOGETHER we can give OUR PATIENTS the best care!

1. **CORRECT ORDER OF DRAW**

   It is vital to respect the correct order of draw when procuring blood specimens to avoid cross-contamination of anti-coagulants found in the specimen tubes, ensuring that the integrity of the specimen is preserved.

   Did you know that the order of draw differs depending on whether you are performing a venous or capillary blood procurement?

   Please refer to the **MUHC PROCUREMENT MANUAL** available on the MUHC Portal.

   Departments → Laboratories → Lab Test Collection → MUHC Procurement Manual → Order of Draw

2. **PROPER FILLING OF SPECIMEN TUBES**

   Specimen tubes should always be filled to the minimum fill indicator line to ensure proper anticoagulant to blood ratio. Failure to do so can lead to erroneous results.

   For example:
The available 2.7 ml or 1.8 ml sodium citrate tubes must always be filled to the minimum fill indicator line.

Under no circumstances can blood collected in one specimen tube be poured into another. The specimen integrity will be compromised and the results will be unreliable.

3. IMPROPER POSITIONING OF BARCODE LABELS

Every specimen tube whose barcode label is improperly positioned requires additional manipulation which leads to unnecessary delays. Barcode labels that are not positioned properly and/or are overhanging past the tube cannot be read by the laboratory automation line. This requires us to retrieve the specimen, reprint a barcode label, and re-label the specimen. This introduces increased risk of errors and increased processing times.

ACCEPTABLE LABELING OF SPECIMEN TUBES                      UNACCEPTABLE LABELING OF SPECIMEN TUBES

1. 5 mm minimum                        1. Too Low
2. 5 mm minimum                        2. Too High
3. 3 mm minimum                        3. Sideways
4.                                          4. Crooked
5.                                          5. Up-side

4. BARCODE LABEL FROM PREVIOUS DAY
Please verify the date and time printed on the barcode label. If the collection time on the barcode label is **more than 1 hour prior** to the actual procurement time, then the actual procurement time should be handwritten on the barcode label by the person who performed the blood draw.

5. **MIX-UP OF LABELS ON SPECIMEN TUBES**

It is of upmost importance to pay particular attention to the container type indicated on the barcode label and ensure that you are affixing the label to the proper coloured tube. The **laboratory automation line will not be able to detect these errors before analysis which will lead to erroneous results**.

For example: If a barcode label for chemistry tests is affixed to a lavender tube containing EDTA as an anticoagulant, the chemistry tests performed on the specimen will generate erroneous results with falsely elevated potassium, and falsely decreased calcium and magnesium (due to the effects of the EDTA anticoagulant).

**Example of label mix-up:**
Chem 7 sticker on EDTA lavender tube
CBC sticker on SST yellow tube

Barcode labels should be printed **AT THE TIME OF PROCUREMENT** or as close to the procurement as possible.

**Barcode labels from previous days MUST NEVER be used.**
6. **6 ml EDTA LAVENDER TUBES FOR CBC ANALYSIS ARE NOT ACCEPTABLE**

6 ml EDTA (lavender) tubes are **not acceptable** for CBC analysis as these sized tubes do not fit on our analyzer.

The **only acceptable** specimen containers for CBC analysis are:

- **4.0 ml EDTA (lavender) tubes**
- **BD Microtainer MAP Microtubes**

Should you require further information on any of the points above, please do not hesitate to contact the **Clinical Laboratories Client Service Department at ext 35687**.

We thank you for your co-operation.