Wake Forest Baptist Medical Center	**Coagulation Specimen Collection and Handling** **OP-306-15**	**Dept:**	**Outpatient Phlebotomy 324306**
		Effective Date:	**February, 2011**
		Revised Date:	**February, 2019**
		Contact:	**Rinard Howard**
Name & Title: Greg Pomper, MD Medical Director		**Date:**	
Signature:			

1) General Procedure Statement:

a. **Purpose:** The collection and handling of coagulation test samples are an important pre-analytical step in coagulation studies. These specimens are collected and handled as approved by the Coagulation Lab.

b. **Responsible Department/Scope:**
1.Procedure owner/Implementer: Outpatient Phlebotomy
2.Procedure prepared by: Rinard Howard, MHA PBT – ACSP
3.Who performs procedure: Outpatient Phlebotomy staff

2) Procedure:

1. Perform venipuncture as described in the Venipuncture Procedure.
2. Allow the vacutainer tube to fill completely. The Sodium Citrate must maintain a specified 1:9 ratio in order to test the sample effectively.
3. Mix gently by inversion.
4. Maintain the specimen at room temperature during transport to the laboratory.
   Deliver the specimen to the laboratory with 1 hour of the collect time

Procedure Notes

1. The testing laboratory will reject specimen tubes that are not properly filled or are clotted.
2. Patients who are being tested for coagulation studies may be prone to excessive bleeding after the venipuncture. The phlebotomist should visually verify that the puncture site has stopped bleeding before allowing the patient to leave the room.

3. The following tests require Sodium Citrate tubes for coagulation testing:

    - Prothrombin Time (PT)
    - Partial Thromboplastin Time (PTT)
    - Fibrinogen
    - Factor Assays (e.g. Factor VIII, Factor V etc.)
    - Thrombin Clotting Time (TCT)
    - Dimer test (XDPS)
    - Thrombophilia Screen
    - Plasminogen
    - Protein C & S
    - DIC Panel (DICPL)
    - Antithrombin III
    - PFA requires 2 blue top tubes, Do not Spin
      Platelet Aggregation requires 6 blue top tubes, Do not Spin

3) Related Procedures: N/A

4) References: N/A

5) Attachments: N/A

6) Revised/Reviewed Dates and Signatures:

Reviewed/Revised Date: ______________________ By:____________________________________

(Medical Director/Designee)

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