**Massive Transfusion Protocol Labs**

|  |
| --- |
| **Patient Label** |

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample Source: Arterial or Venous

Please order the following Labs:

|  |  |
| --- | --- |
| Test | Tube Color Specimen Volume |
| * Blood Gas
* Ionized Calcium
* Sodium
* Glucose
* Potassium
 | Heparin Syringe 0.6mL |
| * HGB
* HCT
* Platelet count
 | 0.5mL in Lavender Microtainer  |
| * PT
* Fibrinogen
 | 1.8 mL blue vacutainer  |

**Massive Transfusion Protocol Labs**