**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 |

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