

Integrated Hospital Laboratories Service, Windsor Essex

Document Identification (Title): IHL-SPD-I Order of Draw		
Author: F. Champoux/J. Bawden	Authorized By: Laboratory Manager	Effective Date 2014-10-27

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A. PURPOSE:

Blood collection tubes must be drawn in a specific order to avoid cross-contamination of additives between tubes.

Tubes with additives must be thoroughly mixed. Erroneous test results may be obtained when the blood is not thoroughly mixed with the additive. Filling to the required amounts is important for proper additive to blood ratios.

B. ORDER OF DRAW:

1.0 Adult and Paediatric Patients

Refer to Table 1.1.

2.0 Neonates

Refer to Table 2.1.

3.0 EXAMPLE OF ULTRA LABEL with Ordered Test/Colour of Tube

Refer to Diagram 3.1

4.0 References:

- 4.1 Becton Dickinson and Company
- 4.2 Ontario Laboratory Accreditation

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Table 1.1

ORDER OF DRAW

Blood collection tubes must be drawn in a specific order to avoid cross-contamination of additives between tubes. The recommended order of draw is:

Laboratory Test	Tube Cap Colour	Volume of Draw	Number of Inversions at Collection
Blood Culture	Aerobic - Blue	8 – 10 mL	8-10
	Anaerobic – Gold	8 – 10 mL	8-10
	Paediatric – Pink	1 – 3 mL	8-10
Coagulation INR, PTT	Light Blue	2.7 mL (Tube must be filled)	3-4 Contains Sodium Citrate
Chemistry**	Gold (SST)	3.5 mL	5 Contains clot activators
Chemistry**	Red	7 mL	5
Routine Chemistry**	Light Green (PST)	3 mL	8-10 Contains heparin
Hematology CBC ESR	Lavender	3 mL (Note: Tube will not appear full)	8-10 Contains EDTA
Blood Bank	Pink	6 mL	8-10 Contains EDTA
Chemistry Lactate	Gray	2 mL (Note: Tube will not appear full)	8-10 Contains Oxalate Fluoride

Tubes with additives must be thoroughly mixed. Erroneous test results may be obtained when the blood is not thoroughly mixed with the additive. Filling to the required amounts is important for proper additive to blood ratios.

**See EXAMPLE OF ULTRA LABEL with Ordered Test/Colour of Tube 3.1

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Table 2.1

ORDER OF DRAW - NEONATES

Blood collection tubes must be drawn in a specific order to avoid cross-contamination of additives between tubes. The recommended order of draw is:

Laboratory Test	Tube Cap Colour	Volume of Draw	Number of Inversions at Collection
Blood Culture	Paediatric – Pink	1 - 3 mL	8-10
Blood Gases – PoC pH, pO ₂ , pCO ₂ , SO ₂	Heparinized capillary Heparinized syringe	55 uL	8 Contains heparin
Blood Gases + - PoC pH, pO ₂ , pCO ₂ , SO ₂ , Sodium, Potassium, Ca ⁺⁺ , Hct	Heparinized capillary Heparinized syringe	115 uL	8 Contains heparin
Blood Gases – Lab pH, pO ₂ , pCO ₂ , SO ₂ Glucose, Sodium, Potassium, Ca ⁺⁺ , Hct.	Heparinized capillary Heparinized syringe	100 uL 0.3 mL	8 Contains heparin
Coagulation INR, PTT, FIB, D DIMER	Light Blue Notify lab for tube preparation	1.1 mL (Tube must be filled to line)	8-10 Contains Sodium Citrate
Chemistry Li	Gold (PST) Microtainer	0.5 mL	8-10 Contains clot activators
Chemistry Dilantin (Phenytoin)	Red	0.7 mL	5
Chemistry Glucose	Green (PST) Microtainer	0.5mL	8-10 Contains heparin
Chemistry Glucose, Urea, Creat, CO ₂ , Electrolytes + 1 Test (not drug)	Green (PST) Microtainer	0.6mL	8-10 Contains heparin
Chemistry Glucose, Urea, Creat, CO ₂ , Electrolytes + any 1 Drug (as below)	Green (PST) Microtainer	0.8 mL	8-10 Contains heparin
Chemistry – Drugs Any 1 of: Tobramycin, Gentamycin, Vancomycin only. No other Chemistry orders.	Green (PST) Microtainer	0.6 mL	8-10 Contains heparin
Other Chemistry Ammonia	Green (PST) Microtainer	0.4 mL	8-10 Contains heparin
Hematology ESR	Lavender Microtainer	1.0 mL	8 Contains EDTA
Hematology CBC, Retic	Lavender Microtainer	0.25 mL	8-10 Contains EDTA

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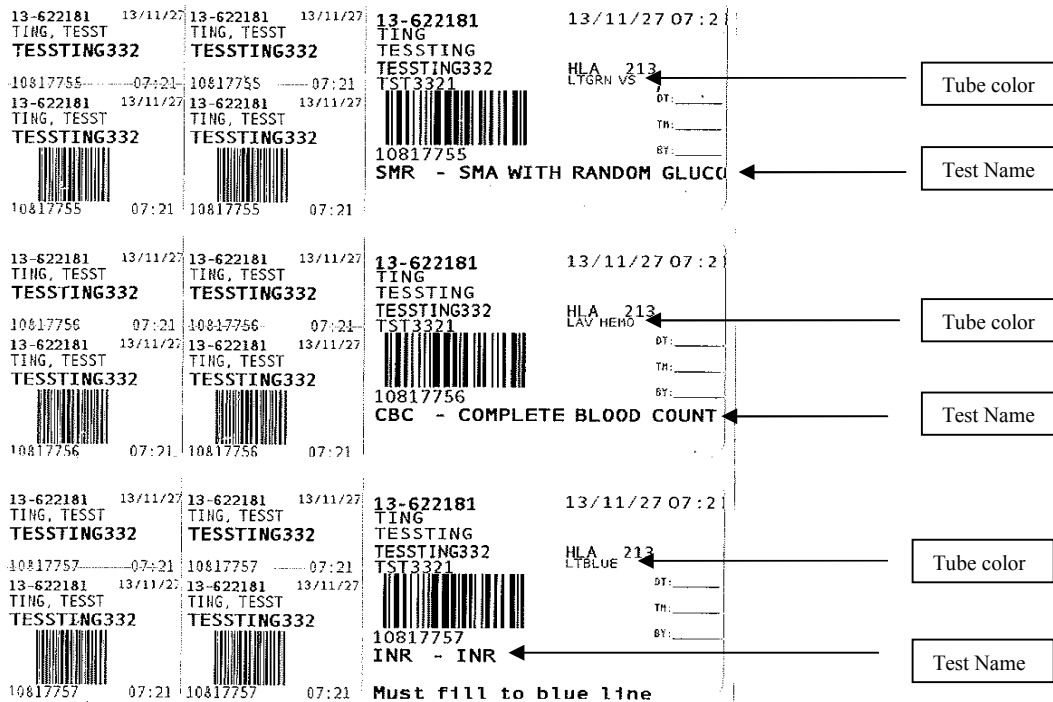
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Blood Bank	Lavender Microtainer	0.5 mL	8-10 Contains EDTA
Chemistry Lactate	Gray Microtainer	0.5 mL	8 Contains Oxalate Fluoride

Tubes with additives must be thoroughly mixed. Erroneous test results may be obtained when the blood is not thoroughly mixed with the additive. Filling to the required amounts is important for proper additive to blood ratios.

Diagram 3.1 EXAMPLE OF ULTRA LABEL with Ordered Test/Colour of Tube
Arrows show tube and test.



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