

Yellow	SST	(0.6 mL fills to top of 600 Line)
Mint Green	SST	(0.5 mL fills to top of 500 fill line)
Red	Non-SST	(0.5 mL fills to top of 500 fill line)
Lavender	EDTA	(0.5 mL fills to top of 500 fill line)

*The minimum whole blood requirements listed below are based on an average hematocrit value of 50%.

*The resulting volume of serum after centrifugation should meet the minimum amount of serum required to perform testing one time.

(Repeat analysis would require collection of additional blood samples.)

Note: call Lab for minimum requirements on combination orders

Test/Test Group	Microtainer® Tube-Top Color	Minimum Amount
Ammonia	Lavender on ICE (see Note A)	1 EDTA Microtainer® (full 500 mcL)
Bilirubin (Neonatal-Total)	Yellow or Mint Green	1 SST Microtainer® (full 600 mcL)
Bilirubin (Neonatal-Total and Direct)	Yellow or Mint Green	1 SST Microtainer® (full 600 mcL)
Bilirubin (Neonatal and Direct) & Electrolytes	Yellow or Mint Green	1 SST Microtainer® (full 600 mcL)
Bilirubin (Neonatal and Direct) & Basic Metabolic Panel	Yellow or Mint Green	2 SST Microtainer® (full 600 mcL)
Bilirubin (Neonatal and Direct) & Comprehensive metabolic panel	Yellow or Mint Green	2 SST Microtainer® (full 600 mcL)
Blood Culture	Blood Culture Bottle	1.0 mL
Blood Gases (pH, PO ₂ , PCO ₂)	Gas Syringe or Capillary tube	0.3 mL
BUN/Creatinine	Yellow or Mint Green	1 SST Microtainer® (full 600 mcL)
BNP	Lavender	2 EDTA Microtainer® (full 500 mcL)
CBC with or without Differential	Lavender	1 EDTA Microtainer® (full 500 mcL)
CBC, Reticulocyte Count	Lavender	1 EDTA Microtainer® (full 500 mcL)
Calcium	Yellow or Mint Green	1 SST Microtainer® (full 600 mcL)
Calcium, Ionized	1 mL Gas Syringe (See Note B)	0.3 mL
	Yellow (See Note C)	1 SST Microtainer® (full 600 mcL)
Chemistry Panels: Basic Metabolic Panel or Electrolytes	Yellow or Mint Green	1 SST Microtainer® (full 600 mcL)
Chemistry Panels: Comprehensive Metabolic Panel, ICU Panel, Hepatic Function Panel, Renal Function Panel	Yellow or Mint Green	2 SST Microtainer® (full 600 mcL)
Chromosome Testing (FISH Testing procedures, Karyotyping, Chromosomal Analysis)	Green Sodium Heparin (See Note D)	2.0 mL
Cholesterol	Yellow	1 SST Microtainer® (full 600 mcL)

Test/Test Group	Microtainer® Tube-Top Color	Minimum Amount
Cold Agglutinins	Yellow (See Note D)	3.0 mL
Cortisol	Yellow	1 SST Microtainer® (full 600 mcL)
Direct Antiglobulin (DAT)/Direct Coombs	Lavender	1 EDTA Microtainer® (full 500 mcL)
Electrolytes (Sodium, Potassium, Chloride, CO ₂)	Yellow or Mint Green	1 SST Microtainer® (full 600 mcL)
Electrolytes (Sodium, Potassium, Chloride, CO ₂), Calcium	Yellow or Mint Green	1 SST Microtainer® (full 600 mcL)
Ferritin	Yellow	1 SST Microtainer® (full 600 mcL)
FT4	Yellow	1 SST Microtainer® (full 600 mcL)
G6PD (Glucose-6-Phosphate Dehydrogenase)	Lavender	1 EDTA Microtainer® (full 500 mcL)
Glucose	Yellow or Mint Green	1 SST Microtainer® (full 600 mcL)
Hemoglobin A1c	Lavender	1 EDTA Microtainer® (full 500 mcL)
Haptoglobin	Yellow	1 SST Microtainer® (full 600 mcL)
Hepatitis Panel Acute	Yellow	3 SST Microtainer®(full 600 mcL)
Hepatitis Source Patient Panel (HSPP)	Yellow	4 SST Microtainer® (full 600 mcL)
Hemoglobinopathy Evaluation (includes detection of HgbS and other Hemoglobin variants)	Lavender	3 EDTA Microtainer®(full 500 mcL)
Insulin	Yellow	1 SST Microtainer® (full 600 mcL)
Lactic Acid	Gray (See Note D)	0.5 mL
Magnesium	Yellow or Mint Green	1 SST Microtainer® (full 600 mcL)
Newborn Screen	Newborn Screen Card (See Note E)	Fill All Circles
Osmolality	Yellow or Mint Green	1 SST Microtainer® (full 600 mcL)
PT, aPTT (Protime, Activated Partial Thromboplastin Time) - with or without Fibrinogen and D-Dimer	Blue	Call Coagulation Laboratory
Phosphorous	Yellow or Mint Green	1 SST Microtainer® (full 600 mcL)
Triglycerides	Yellow	1 SST Microtainer® (full 600 mcL)
TSH	Yellow	1 SST Microtainer® (full 600 mcL)
TSH, FT4	Yellow	2 SST Microtainer® (full 600 mcL)
Type/Screen/Crossmatch: For age < 4 months, call the Blood Bank	Lavender	1 EDTA Microtainer® (full 500 mcL)
Vitamin E	Yellow	1 SST Microtainer® (full 600 mcL)

Drug	Microtainer® Tube-Top Color	TUBE
Acetaminophen	Red	1 Red Microtainer® (full 500 mcL)
Caffeine	Red	1 Red Microtainer® (full 500 mcL)
Clonazepam	Red	4 Red Microtainer® (full 500 mcL)
Digoxin	Red	1 Red Microtainer® (full 500 mcL)
Gentamicin	Red	1 Red Microtainer® (full 500 mcL)
Pentobarbital	Red	4 Red Microtainer® (full 500 mcL)
Phenobarbital	Red	1 Red Microtainer® (full 500 mcL)
Phenytoin	Red	1 Red Microtainer® (full 500 mcL)
Salicylate	Red	1 Red Microtainer® (full 500 mcL)
Theophylline	Red	1 Red Microtainer® (full 500 mcL)
Vancomycin	Red	1 Red Microtainer® (full 500 mcL)

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PEDIATRIC URINE/STOOL SPECIMEN REQUIREMENTS

Test	Container	Volume
CMV Culture	Clean	1.0 mL
Drug of Abuse Screen (See Note F)	Clean	10.0 mL
Meconium Drug Screen	Clean, Dry	1.0 tsp
Metabolic Screen	Clean	10.0 mL
Sodium, Potassium	Clean	1.0 mL

- A.** Use either pediatric blood collection or Microtainer®. MUST be venipuncture or arterial sample - no heel or fingerstick.
- B.** Can measure blood gases, sodium, potassium, and glucose on the same sample.
- C.** Venipuncture or arterial sample preferred - if heel stick is necessary, minimize exposure of sample to air as much as possible.
- D.** Use pediatric blood collection tube.
- E.** If using a heparinized capillary tube to apply blood to card, DO NOT scratch the card with the tube.
- F.** Initial screen can be performed with 1.0 mL. However, this volume IS NOT SUFFICIENT for confirmatory testing of patients with positive results. Confirmatory testing is essential for questions of custody/abuse.