

Corewell Health Laboratory

| | | |
|------------|---------|--|
| 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) |

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| 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) |
| HIV Screen | Lavender (See note G) | 1 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) |

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| 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.
- G.** If confirmatory testing is needed, an additional 5 full Lavender EDTA microtainers® is required.