

LSUHSC-SHREVEPORT
CLINICAL LABORATORY POLICY AND INFORMATION MANUAL
Specimen Collections Link

HEMATOLOGY – CONTACT HEMATOLOGY AT 5-5743 FOR FURTHER ASSISTANCE

Test Description Lab (SQ) Code	Specimen Type	Tube Type Options	Special Instructions or Information	Patient Preparation
CBC	Blood	Lavender Top:K ₂ EDTA 1. 4 mL 2. 2 mL 3. Microtainer		None
CBC/DIFF CBCD	Blood	Lavender Top:K ₂ EDTA 1. 4 mL 2. 2 mL 3. Microtainer		None
CSF Count /Differential, CSFCD (includes Nucleated cell count, RBC count and diff)	CSF	Sterile Screw Top Tube 0.5 mL testing requirement No manufacturer fill requirements per tube.	In addition to all the other patient information, CSF tubes should be labeled numerically to correspond to the sequence in which the tubes were collected.	None
CSF Package, CSFPA (Includes CSFCD, CGLU,CSFP)	CSF	Sterile Screw Top Tube(s) 1.0 mL testing requirement No manufacturer fill requirements per tube.	In addition to all the other patient information, CSF tubes should be labeled numerically to correspond to the sequence in which the tubes were collected.	None
Fluid Count FLDCD	Fluid Not CSF	Sterile Screw Top Tube 0.5 mL testing requirement No manufacturer fill requirements per tube.	Specify specimen type, ex. PERT or ABD. Note: A lavender top can be used for a joint fluid cell count and differential, but cannot be used for joint fluid crystal analysis.	None
Hematocrit/Spun, SHCT	Blood	Heparinized, self-sealing mylar wrapped capillary tubes. Two or more tubes, 2/3 to 3/4 full.		None
Hemoglobin/ Hematocrit HH	Blood	Lavender Top:K ₂ EDTA 1. 4 mL 2. 2 mL 3. Microtainer		None
Hemoglobin/ Hematocrit/Platelet HHP	Blood	Lavender Top:K ₂ EDTA 1. 4 mL 2. 2 mL 3. Microtainer		None

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Lamellar Body Count LAMBOC	Amniotic fluid	Sterile Screw Top Tube, clear or brown. 0.5 mL testing requirement for LAMBOC No manufacturer fill requirements per tube.	Specimen should never be frozen or centrifuged Note: Send LSPG tube also.	Amnio- centesis
Malaria, other Blood Parasites BP	Blood	Lavender Top:K ₂ EDTA 1. 4 mL 2. 2 mL 3. Microtainer		None
Nasal. Wright Stain NWS	Nasal Drainage	1. Smear(s) on microscope slides or 2. Sterile container.		None
Platelet ONLY PLATE	Blood	Lavender Top:K ₂ EDTA 1. 4 mL 2. 2 mL 3. Microtainer	Note: In cases of chronic PLT clumping where no PLT count could be obtained, a Blue top (Na Citrate) tube can be submitted WITH the lavender top to try to obtain a valid numerical PLT count.	None
Reticulocytes RETIC (%), Absolute, IRF)	Blood	Lavender Top:K ₂ EDTA 1. 4 mL 2. 2 mL 3. Microtainer	.	None
Sed Rate ESR	Blood	Lavender Top:K ₂ EDTA 1. 4 mL 2. 2 mL	A microtainer cannot be used for ESR testing.	None
Sickle Cell Prep SIKL	Blood	Lavender Top:K ₂ EDTA 1. 4 mL 2. 2 mL 3. Microtainer		None

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Test Description Lab (SQ) Code	Specimen Type	Tube Type Options	Special Instructions or Information	Patient Preparation
Semen Analysis SEMEN	Semen	Chemically clean, dry container containing entire ejaculate.	Should be delivered to lab to allow time for processing by day shift personnel by 1PM MON-FRI, no holidays. Specific Collection instructions given by physician. Semen Collection Information form must accompany specimen. Note: A special collection condom (Male-Factor Pak) may be obtained from the clinic for coital collection.	Abstinent for 2-7 days prior to collection
Sputum, Wright Stain SPWS	Sputum	1. Chemically clean, dry container. 2. Smear(s) on microscope slides.		None
Stool, Wright Stain SWS	Stool	1. Chemically clean, dry container. 2. Sterile Screw Top Tube w/ stool swab.		None
Urine, Wright Stain UWS	Urine	Sterile Screw Top Tube 2.0 mL testing requirement No manufacturer fill requirements per tube.		Clean catch

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COAGULATION – CONTACT COAGULATION AT 5-5705 FOR FURTHER ASSISTANCE

Test Description Lab (SQ) Code	Specimen Type	Tube Type Options	Special Instructions or Information	Patient Preparation
Activated Partial Thromboplastin Time APTT	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	See Note A and Note B	None
Activated Protein C Resistance APCR	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	This test is appropriately stored for batch testing See Note A and Note B	None
Antithrombin III ATIII	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	See Note A and Note B	None
Bleeding Time BT	N/A	Test performed by lab. Must call coagulation section to schedule.	Test not routinely performed on weekends, holidays or evening shifts, with the exception of clinic patients and in-house emergencies approved by pathologist on 2 nd and 3 rd shifts.	None
D-Dimer DDI	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	See Note A and Note B	None
Factor II Assay FA2	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A, and Note B	None
Factor V Assay FA5 Contact Molecular Lab For Factor V Leiden mutation	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A, and Note B	None
Factor VII Assay FA7	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A, and Note B	None
Factor VIII Assay FA8	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A, and Note B	None
Factor VIII Inhibitor Assay F8IN	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A, and Note B	None

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Test Description Lab (SQ) Code	Specimen Type	Tube Type Options	Special Instructions or Information	Patient Preparation
Factor IX Assay FA9	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A, and Note B	None
Factor IX Inhibitor Assay F9IN	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A, and Note B	None
Factor X Assay FA10	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A, and Note B	None
Factor XI Assay FA11	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A, and Note B	None
Factor XII Assay FA12	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A, and Note B	None
Factor XIII Assay FA13	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. 24 hours required for completion of test. See Note A and Note B	None
Fibrinogen FBG	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	See Note A and Note B	None
Inhibitor Screen (Mixing Study) INSCR	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	See Note A and Note B. Must have a prolonged PT and/or APTT.	None
Low Molecular Weight Heparin LMWH	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A and Note B	None

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Test Description Lab (SQ) Code	Specimen Type	Tube Type Options	Special Instructions or Information	Patient Preparation
Lupus Anticoagulant LUPU	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	This test is appropriately stored for batch testing See Note A and Note B	None
P2Y12 (Plavix) % Inhibition PLAV	Blood	One Greiner® White Top: “Discard” tube, 2.0 mL AND Two Greiner® Blue Tops: 3.2 % Na Citrate 2.0 mL in each tube	Test performed ONLY in Trauma Lab. Available 24hr/7 days a week. MUST HAND CARRY – DO NOT SENT THROUGH PNEUMATIC TUBE SYSTEM. Transport at room temperature in biohazard bag. Do NOT transport on ice. MUST USE special specimen collection kit available in Trauma Lab. Call 5-5772. Using a 21 gauge needle (or larger) collect at least 2 mL in the white top tube BEFORE filling two Greiner blue top tubes to the black fill line on the label. Do not overfill or underfill. If drawing from indwelling catheter, fill syringe with 5 mL blood and discard. Using a new syringe, draw 6 mLs and fill white top tube and 2 Greiner blue top tubes with 2 mL in each of the 3 tubes. Label each tube with patient name, Medical record #, date, initials, and TIME OF COLLECTION!	None
Plasminogen PLG	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	See Note A and Note B	None
Platelet Rich Platelet Aggregation PRAGG	Blood	Six 2.7 mL 3.2% Na Citrate blue tops AND One K ₂ EDTA lavender, 2 or 4 mL. OR Eight 1.8 mL 3.2% Na Citrate blue tops AND One K ₂ EDTA lavender, 2 or 4 mL.	See Note A and Note B Must notify lab to schedule (5-5705, 5743). Test not routinely performed on weekends, holidays, or evening shifts. Patient should refrain from taking aspirin or medications containing aspirin, other medications and dietary supplements known to affect platelet function for 7 – 10 days prior to specimen collection. Patients should fast and avoid fatty foods and dairy products for 12 hours prior to specimen collection. Specimens must be transported at room temperature.	See Special Instructions or Information
Prothrombin Time PT	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	See Note A and Note B	None
Reptilase REPTT	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	See Note A and Note B	None

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Thrombin Time TT	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	See Note A and Note B	None
Protein C, Function PCFN	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	This test is appropriately stored for batch testing See Note A and Note B	None
Protein S, Function PSFN	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	This test is appropriately stored for batch testing See Note A and Note B	None
Unfractionated Heparin UFH	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A and Note B	None
Von Willebrand Antigen VWANG	Blood	Blue Top: 3.2% Na Citrate 1. 2.7 mL 2. 1.8 mL	Test not routinely performed on weekends, holidays, or evening shifts. Plasma for test will be frozen for next routine working day. See Note A, and Note B	None

Note A: Blue top tubes contain a liquid anticoagulant making it necessary for these specimens to contain the correct amounts of blood in order for test results to be reliable. These specimens also have to be free of hemolysis and contain no clots. Blue tops must be drawn first (except for blood culture tubes, which should always be drawn before other specimens). When using a winged blood collection set for venipunctures and a coagulation tube is the first tube needed, first draw a discard tube (a nonadditive tube).

Note B: When obtaining specimens from indwelling lines that may contain heparin, the line should be flushed with 5mL of saline, and the first 5 mL of blood or 6-times the line volume (dead space volume of the catheter) be drawn off and discarded before the coagulation tube is filled. From those samples collected from a normal saline lock (capped off venous port) twice the dead space volume of the catheter and extension set should be discarded.

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FLOW CYTOMETRY – CONTACT FLOW CYTOMETRY AT 5-5739 OR 5-7946 FOR FURTHER ASSISTANCE

Test Description Lab (SQ) Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
Immunophenotyping : Immunodeficiency Panel Lymphoma / Leukemia Panel CD34 Panel	Bone Marrow or Peripheral blood or Tissue specimen	Contact Flow Cytometry	<p style="text-align: center;">Transport at room temperature. Not orderable through Epic. Send with Molecular Pathology/Cytogenetics & Flow Laboratory Test Requisition.</p> <p style="text-align: center;">See note below.</p>	None
T Helper/Suppressor Panels CD4/CD8/CD3	Peripheral blood	One lavender top K ₂ EDTA, Either a 2 mL or 4 mL AND One yellow top ACD, Either a 2.6 mL or 8.5 mL	<p style="text-align: center;">EPIC order code LAB 304177</p> <p style="text-align: center;">See note below.</p>	None
Viral Disease Panel CD4	Peripheral blood	One lavender top K ₂ EDTA, Either a 2 mL or 4 mL AND One yellow top ACD, Either a 2.6 mL or 8.5 mL	<p style="text-align: center;">EPIC order code LAB 304289</p> <p style="text-align: center;">See note below.</p>	None

Note: The Flow Cytometry Laboratory performs testing Monday through Friday 8 am to 4 PM excluding weekends, holidays and evening shifts. Specimens may be sent on alternate shifts to be performed the next routine working day.