

Policy #:	402 (PLH-402-04)	Effective Date:	NA	Reviewed Date:	2/1/2010
Subject:	Collection of Coagulation Test				
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COLLECTION OF COAGULATION TEST

Collection of coagulation specimens requires special considerations.

1. If an evacuated tube system is utilized, and PT and/or PTT is (are) the only test(s) ordered, no discard tube is necessary. The coagulation testing specimen should be the first sample drawn for PT and PTT. Any other coagulation test should have a discard tube (a red or blue) drawn first. This "discard" tube may be used for other testing if ordered. (Refer to "order of draw" in the General Information section and in the Venipuncture Procedure.)
2. Coagulation samples should not be drawn from a central line that has been heparinized without a physician's order. These samples are only collected by trained nursing personnel. When drawing these samples the line should be flushed with 20 ml of sterile saline and the first 10 ml of blood drawn discarded. This is stated in WTH Nursing Policy No. 3110. (Refer to #6 under "Policy" section.)
3. When using a syringe to obtain the specimens, a transfer device should be used to fill the tubes. Immediately invert gently 4-5 times. Mixing should never be so vigorous as to cause frothing. When using a syringe and a large blood specimen is taken, the part of the blood from the second syringe would be used for the coagulation tests; otherwise, blood from a single syringe is acceptable.
4. All coagulation testing should be collected in 3.2% sodium citrate.
5. Because the ratio of blood to anticoagulant is so critical in coagulation, the vacutainer must be at least 90% full (2.4 ml). Pediatric tubes are available if you are not able to draw at least 2.4 ml of blood. The pediatric tubes must be also at least 90% full. The minimum volume on these is 1.6 ml. (Example tubes showing a 90% draw are available in coag.)
6. **PLATELET FUNCTION ANALYSIS BLOOD MAY NOT BE DRAWN FROM AN INDWELLING LINE and cannot be sent to lab through the tube system!**