

HEMATOLOGY AND COAGULATION

A. SPECIMEN COLLECTION

1. Full lavender top (EDTA) vacutainer (5 ml) will be sufficient for CBC, sedimentation rate, platelet, reticulocyte counts and sickle cell testing.
2. Pediatric CBC requires 500ul minimum using microtainer capillary blood collector tube with EDTA.
3. Full blue top (sodium citrate) vacutainer (5 ml) will be sufficient for all PT, PTT, INR and Fibrinogen. This tube must be filled to its maximum draw.
4. Ensure blood tubes are completely filled. Proper blood/anticoagulant ratio is critical for valid results. Invert tubes several times after filling to ensure adequate mixing of blood and anticoagulant.

B. ROUTINE HEMATOLOGY:

1. A manual differential count is automatically performed on all CBCs if the WBC count is less than 4000 cells/mm³ or greater than 12,000 cells/mm³. Differentials are automatically performed on post-partum OB/GYN patients if the WBC count is less than 4000 cells/mm³ or greater than 15000 cells/mm³. Differentials are performed on CBC's within this range only if specifically requested, or if certain flags are given by the instrument or certain laboratory criteria is met.
2. A platelet count is included with each CBC.
3. All differential slides are kept for 7 days in case further review is required.
4. Sedimentation rates must be received within one hour of drawing to insure valid results.
5. Veterinary specimens will routinely receive an automated CBC and differential. We do not perform manual differentials on veterinary specimens. A Wright stained blood smear will be forwarded to the Veterinary clinic upon request.
6. Sickle cell testing is batched and performed at least once a week. Positive specimens are automatically sent to a reference lab for Hemoglobin Electrophoresis.