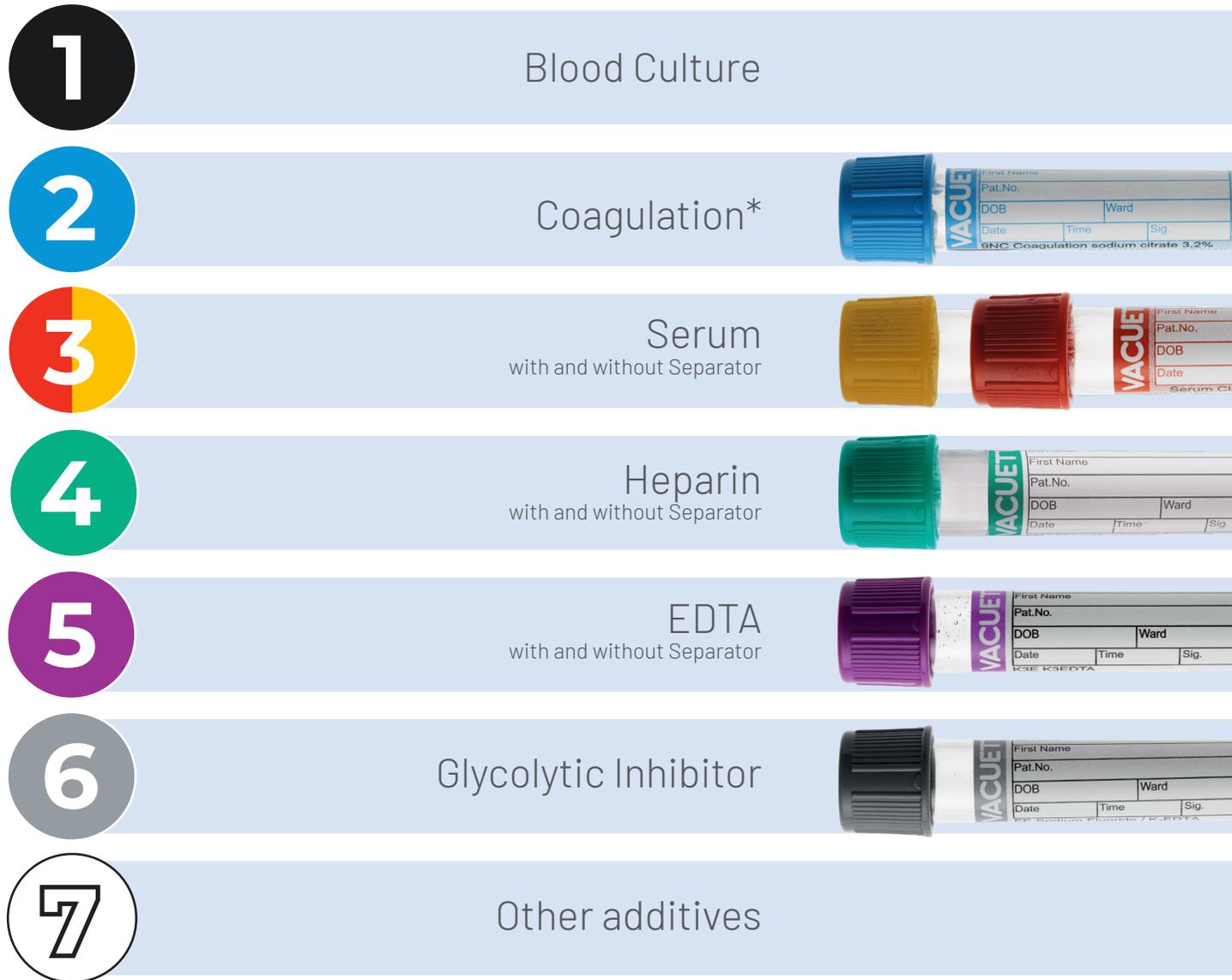


ORDER OF DRAW

VACUETTE®

Blood Collection Tubes

based on CLSI GP41-ED7



NOTE: Always follow your facility's protocol for order of draw.



* If a winged blood collection set is used, the first tube in the series will be under filled. Therefore, if a Coagulation specimen is drawn first, a discard tube (No Additive or Coagulation tube) is recommended to be drawn prior to this tube to ensure the proper additive-to-blood ratio.

SPECIMEN HANDLING

Completing an Inversion

To achieve the proper mix of additive and blood, each tube must be gently inverted as it is removed from the holder.

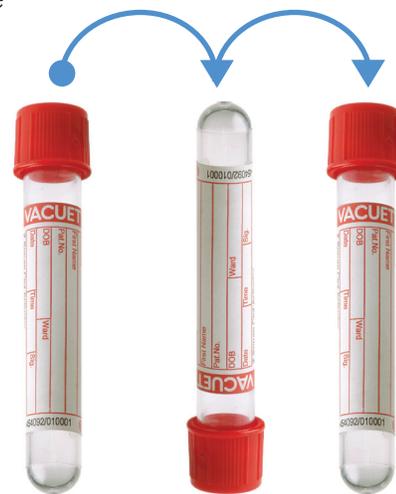
Importance of Mixing

- / Insufficient or delayed mixing of serum tubes may result in delayed clotting
- / Inadequate mixing of anticoagulant tubes may result in platelet clumping, clotting or incorrect test results

Cap Color	Tube Type	# of Inversions
White	No Additive	N/A
Blue	Coagulation	4
Red/Gold	Serum Clot Activator	5 - 10
Green	Heparin	5 - 10
Pink/Lavendar	EDTA	8 - 10
Grey	Glycolytic Inhibitor	5 -10

One complete inversion

- / Turn the filled tube upside down and return it to an upright position
- / Repeat recommended number of times for each tube type



Centrifugation

Tube Type	Recommended g-force relative centrifugal force (rcf)	Recommended Time (Minutes)
VACUETTE® Serum Tubes (Clot Activator, No Additive)	Minimum 1500 g	10
VACUETTE® Serum Clot Activator w/ Gel Tubes	1800 g	10
VACUETTE® K ₂ EDTA w/ Gel Tubes	1800 - 2200 g	10
VACUETTE® Plasma Tubes (Lithium Heparin, Sodium Heparin, PO/NaF)	2000 - 3000 g	15
VACUETTE® Lithium Heparin w/ Gel Tubes	1800 - 2200 g	10 - 15
VACUETTE® Coagulation Tubes (Sodium Citrate)		
Platelet tests (PRP)	150 g	5
Routine tests (PPP)	1500 - 2000 g	10
Preparation for deep freeze plasma (PFP)	2500 - 3000 g	20

*Reproduced with permission from CLSI. Collection of Diagnostic Venous Blood Specimens. 7th ed. CLSI standard GP41. Wayne, PA: Clinical and Laboratory Standards Institute; 2017.

