PRESERVING PATIENT BLOOD WITH SAMPLE VOLUME MANAGEMENT

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Why Low Volume Blood Collection Tubes?

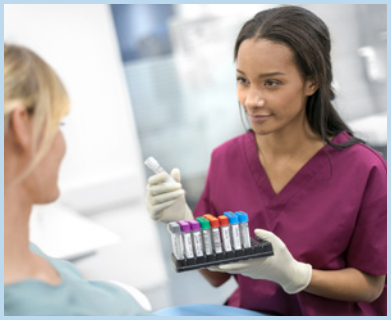
An excessive volume of blood collected from a patient, particularly from critically ill or pediatric patients during hospitalization, can seriously impact the patient's health as well as their recovery and any resulting follow-up care. While larger sample volumes may be common in everyday practice, they are often unnecessary for routine diagnostic testing[1].

Patient Blood Management (PBM) is a broad, patient-centered approach that aims to improve patient outcomes by managing anemia, minimizing blood loss, and optimizing transfusion practices. Sample volume management (SVM), on the other hand, is a more specific aspect of laboratory procedures, focusing on selecting of appropriate sample volume and at the same time ensuring accurate and reliable test results.

By choosing VACUETTE® Low Volume Blood Collection Tubes or opting to take a capillary sample with MiniCollect® Capillary Blood Collection Tubes, a significant impact can be made on the amount of blood collected from patients while still ensuring sufficient volume to carry out accurate diagnosis.

REDUCING THE AMOUNT OF BLOOD COLLECTED

Greiner Bio-One offers a complete line of low volume tubes with draw volumes of 1ml to 2.5ml, as well as a range of capillary blood collection tubes to facilitate reduction of phlebotomy volumes. These solutions support hospital efforts to minimize unnecessary blood loss and reduce specimen waste.



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PRODUCT OVERVIEW

THIS OVERVIEW PROVIDES A SELECTION OF AVAILABLE TUBES. FOR MORE INFORMATION, PLEASE REFER TO OUR PRODUCT CATALOG OR THE WEBSHOP.

VACUETTE® Low Volume Blood Collection Tubes

Item No.	Volume	Additive	Cap color	Ring color	Thread type	Tube size	Label type	Inner / Outer [Qty.]
454236	2 ml	CAT Serum Clot Activator	red	white	non-ridged	13 x 75	paper	50 / 1,200
454243P	2.5 ml	CAT Serum Separator Clot Activator	red	white	non-ridged	13 x 75	paper	50 / 1,200
454081	1 ml	LH Lithium Heparin	green	white	PREMIUM	13 x 75	paper	50 / 1,200
454237	2 ml	LH Lithium Heparin	green	white	non-ridged	13 x 75	paper	50 / 1,200
454428	2 ml	K2E K2EDTA	lavender	white	non-ridged	13 x 75	paper	50 / 1,200
454222	2 ml	K3E K3EDTA	lavender	white	non-ridged	13 x 75	paper	50 / 1,200
454322	2 ml	9NC Coagulation Sodium Citrate 3.2 %	light blue	white	non-ridged	13 x 75	paper	50 / 1,200
454238	2 ml	FX Sodium Fluoride / Potassium Oxalate	grey	white	non-ridged	13 x 75	paper	50 / 1,200

TAKE HOSPITAL ACQUIRED ANEMIA SERIOUSLY

Hospital-acquired anemia (HAA), also known as iatrogenic anemia, develops in patients during their hospital stay, after being admitted with normal hemoglobin levels.

Laboratories often collect more blood than is needed: blood sample volume can sometimes exceed the amount needed by more than 40 times, which leads to most of the collected blood sample being discarded.

- **40-74% of hospitalized patients develop HAA before being discharged.[2]**
- **90% of intensive care patients develop HAA by their third day in the ICU.[2]**
- **Up to 85% of ICU patients receive at least 1 unit of blood if staying for over a week.[3]**

Sources:

1 Pennestri F, Tomaiuolo R, Banfi G, Dolci A. Blood over-testing: impact, ethical issues and mitigating actions. Clin Chem Lab Med. 2024 Jan 1. doi: 10.1515/cclm-2023-1227

2 Choorapoikayil, S., Zacharowski, K., Füllenbach, C., Meybohm, P. (2018). Patient Blood Management in Critically Ill. In: Shander, A., Corwin, H. (eds) Hematologic Challenges in the Critically Ill. Springer, Cham. https://doi.org/10.1007/978-3-319-93572-0_21

3 Helmer P, et al. Avoidable Blood Loss in Critical Care and Patient Blood Management: Scoping Review of Diagnostic Blood Loss. J Clin Med. 2022 Jan 10; 11(2):320. doi: 10.3390/jcm11020320. PMID: 35054014; PMCID: PMC8777821.