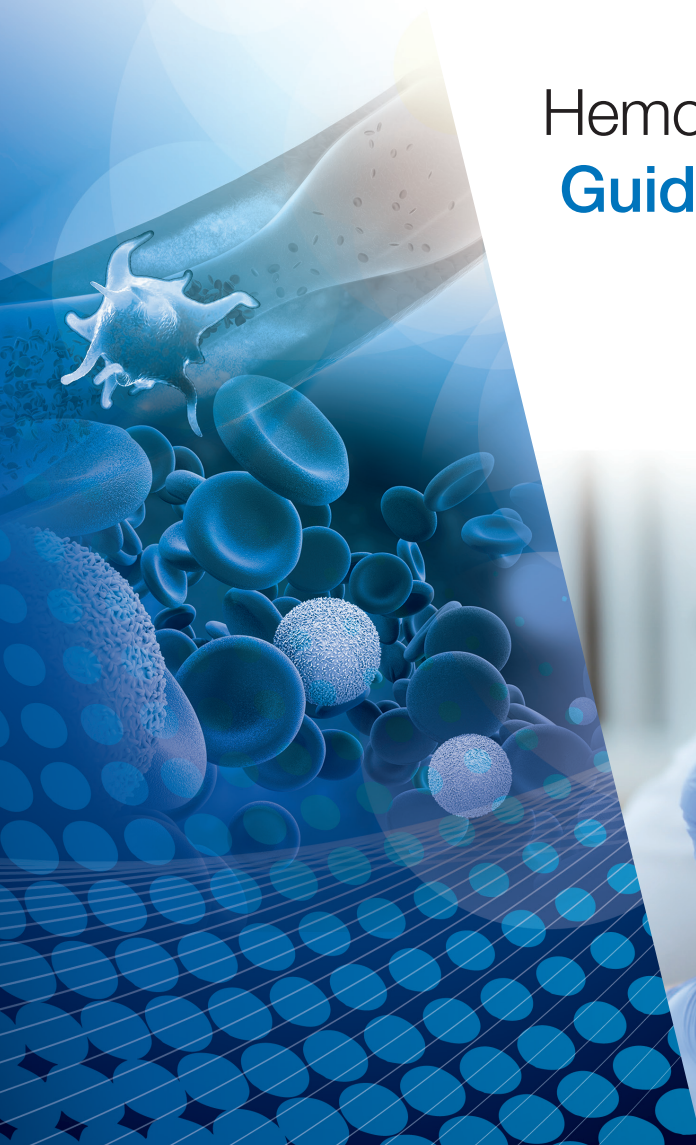


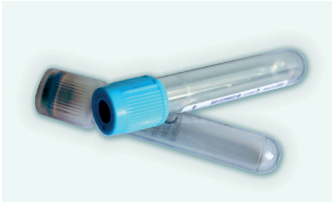
Hemostasis Preanalytical Guidelines



Yumizen
G range

Sample tube

Recommendation



Anticoagulant

Recommended Sodium citrate 3,2 % (109 mmol/l)
 Acceptable Sodium Citrate 3,8% (0,129 M)
 CTAD acceptable in some circumstances



Sufficient volume.
 Respect the required ratio of sodium citrate to whole blood (1:9)

Fill volume: ≥90 %

Do not transfer from 1 tube to another

Check expiry date of the tube

Potential Risk

Serum or any other anticoagulant can lead to an incorrect result

Sample dilution (excess CaCl₂-Citrate binding)⁹

False results

Sample collection

Tube filling order :

Before filling citrate tube, discard the first tube (neutral or citrate)














Citrate tube : before tubes with additives

Sample contamination

Sample dilution

(excess CaCl₂-Citrate binding)⁹

Tube filling order during venous sampling

NEEDLE TYPE	1	2	3	4	5	6	7
Vacuum tube holder 	Without neutral tube (If swift puncture & regular blood flow)	Citrate tube  	Serum tube  	Heparin tube  	EDTA tube 	Fluoride tube 	Others (ESR, Aprotinin ...)
Winged collection butterfly 	Without Blood culture neutral tube (line air purge) 						
	With Blood culture 1  Aerobic vial 2  Anaerobic vial						

Proper Tube Identification Label / patient demographic and collection date and time

The diameter of the needle recommended should preferably be between 19 and 22 gauge¹¹

Acceptable: 23 (pediatric, compromised veins, geriatrics, oncology, ...) ¹¹



Vacuum tube holder : the venipuncture must be swift and the blood flow, regular¹¹



Winged collection butterfly : before filling citrate tube, discard the first tube (neutral or citrate)¹¹



Release the tourniquet immediately when the first tube starts to fill (<1 mn)

Avoid traumatic phlebotomy (draw)

Avoid drip lines

Avoid wet alcohol carryover

Immediately mix **gently** by 3 to 6 complete end-over-end inversions to ensure adequate mixing with anticoagulant and to prevent clotting

Sample transport

Room temperature (15 – 25 °C) : **should be maintained**

Keep the tube vertical during transport

Prohibits transport on ice or refrigerate transport (2°C - 8°C)

Sample stability

Fresh sample: Room temperature (15 – 25 °C)¹³ = 4 hours for most tests

NOTE : this specification is true for most routine tests, for details per parameter, refer to GFHT ²

Wrong result

Hemolysis^{1,6}

Risk of contamination from tissue thromboplastin and hemolysis.

Risk of under filling due to the air from sampling line.

Hemolysis^{1,6}

Fibrinolysis activation

Acidosis (pH <7,3)

PT prolonged

Coagulation activation^{4,7}

Hemolysis¹

Interferences, sample dilution

Factor activation,

Hemolysis¹

Sample clotting^{4,7} (partial)

Variable anticoagulant gradient (gradient of sample with different citrate buffering)

False results :

activation of some coagulation factors

False results : activation of some coagulation factors

Centrifugation and Storage

Centrifugation

Standard recommendation : 1500 g, 15 minutes

Centrifugal conditions must be established and validated by the laboratory.

Maximum time for centrifugation after sampling is 2 hours

Room temperature (15 – 25 °C)¹³

“Rapid centrifugation“ may be used (higher speed, shorter duration) under lab validation

Double centrifugation recommended before freezing.

Transfer the plasma to a non-activating plastic centrifuge tube using a plastic pipette, then re-centrifuging the sample for an additional 10 minutes.

When transferring to a secondary tube, take care to not include any residual platelets that may have collected at the bottom of the centrifuge tube.

Storage (depending on the parameter)

Room temperature (15 – 25 °C)^{12,13} .4 hours for most of tests

Minus 20°C = Maximum storage time : 2 weeks

Minus 70°C = 6 month to 12 month

NOTE : *these specifications are true for most of tests, for details per parameter, refer to GFHT²*

Defreezing must be done at 37°C in bain-marie during 5 to 10 minutes maximum¹.

False results due to contamination by phospholipid from platelets.
Lupus and Heparin Assays particularly affected¹⁰.
PT, APTT, TT not affected up to Platelet count=200 000/μl¹

False results
Lupus and Heparin Assays affected¹⁰.

FVII activation, platelet disruption,
Loss of coagulation components,
Hemolysis¹

False results due to the release of phospholipid

Pre-analytical Sample Integrity

Avoid clotted samples

Check samples for Hemolysis, lipid and icterus

Coagulation activation^{4,6,7}
(micro clots could be not visible)
False results

Literature

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