

## Take the Guesswork Out of It

Ensure that the correct blood-to-additive ratio is met by checking the draw volume against the nominal fill mark on the tube or by holding tube up to this guide.



Draw volume in accordance with  
CLSI and/or ISO Standards

This chart made exclusively for:



## for Coagulation Testing

- **CLSI** recommends 3.2% (0.109M) buffered citrate for coagulation assays.
- If a **winged blood collection set** is used, the first tube drawn in the series will be under-filled. Therefore, if a coagulation specimen is drawn first, a Red/Gray Stopper Top Discard Tube (no additive) should be drawn prior to this tube to ensure the proper blood-to-anticoagulant ratio.
- The following **order-of-draw** is recommended when drawing several specimens during a single venipuncture, and is used to avoid possible test result error due to cross contamination from tube additives:
  - 1 Blood culture
  - 2 Trace Metal Tubes (Royal Blue Top)
  - 3 Coagulation Tubes (Light Blue Top)
  - 4 Clot Activator Gel Separator Tubes (Red Top)
  - 5 Lithium Heparin Tubes (Green Top, Tall Green Top)
  - 6 EDTA Tubes (Lavender Top, Green/Yellow Top)

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

- Application of the **tourniquet** for preliminary vein selection should not exceed one minute of time. The tourniquet should be released as soon as possible after blood flow is established following venipuncture.
- **Invert** each tube four times to ensure that the blood and anticoagulant are thoroughly mixed.
- Maintain the **9:1 blood to anticoagulant ratio** by filling the tube to the proper level or fill range as indicated on the Greiner Bio-One tube. Inadequate filling of the tube will decrease this ratio and may cause inaccurate test results.

This chart made exclusively for: