1. Do not leave the tourniquet on for longer than 1 min. Localized stasis may occur along with partial filtrate of blood and hemoconcentration. If you apply a tourniquet to locate a vein, release the tourniquet and reapply after 2 minutes.

2. Recommended Needle Gauges:
   - Routine Work—19-22 gauge
   - Platelet Studies & Factor Assays—19 gauge
   - Pediatric Draws—21-23 gauge

3. Release the tourniquet after blood flow is established.

4. The citrate should be the second or third tube drawn in a multiple draw. If drawing only special coagulation work, draw three tubes and label in the order of draw—1, 2, 3. Tube one can be discarded. If other work is also being drawn, draw the coagulation work after the 1st tube.

5. Mix gently by inversion to avoid hemolysis. Mixing should never be so great as to cause frothing.

6. Tubes must have proper volume drawn to be acceptable. They must be 90% filled.

7. If blood for coagulation studies is drawn from an arterial line, flush the line with saline, discard 10 cc of blood, attach another syringe and draw coagulation work. If drawing from a heparin lock, discard 5 cc and then draw the blood in a new syringe for coagulation testing. If an acceptable specimen cannot be obtained, a venous draw may be requested. (The lines are now flushed with a weak heparin saline solution instead of heparin alone so a smaller discard is needed.)

8. Specimens should be siliconized glass (vacutainer tubes) or plastic.

9. APTT’s for patients not on heparin therapy are good up to 4 hours. APTT’s for patients receiving heparin therapy must be done within 90 minutes of draw time.

10. All protimes are stable on the red cells capped and unspun for 24 hours as long as the CAP is not opened.

11. Specimens must be labeled with two patient identifiers.

NOTE: Mercy Medical Center Laboratory uses a 3.2% citrate tube for coagulation.