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## ***BLOOD COLLECTION TUBES***

- **LIGHT BLUE TOP TUBE** – 2.7 ml draw and 1.8 ml draw  
Liquid 3.2% sodium citrate anticoagulant
- **RED TOP TUBE** – 4 ml draw  
Sprayed on clot activator
- **GOLD TOP TUBE (SST)** – 3.5 ml draw  
Sprayed on clot activator with gel for serum separation
- **LIGHT GREEN TOP TUBE** – 3 ml draw  
Lithium heparin anticoagulant with gel for plasma separation
- **PURPLE TOP TUBE** – 2 ml draw or 4ml draw or 6ml draw  
Sprayed on K2EDTA Anticoagulant

The following tubes are available upon request through Catholic Medical Center's Laboratory Customer Services:

- **NAVY BLUE TOP TUBE** – 6 ml draw (trace element)  
No additive
- **NAVY BLUE TOP TUBE** – 7 ml draw  
Na Heparin
- **NAVY BLUE TOP TUBE** – 6 ml draw  
K2EDTA anticoagulant
- **GREEN TOP TUBE** – 4 ml draw  
Sodium heparin anticoagulant
- **GRAY TOP TUBE** – 6 ml draw  
Powder sodium fluoride / potassium oxalate anticoagulant
- **YELLOW TOP TUBE** – 8.5 ml draw  
Liquid ACD solution A
- **YELLOW TOP TUBE** – 6 ml draw  
Liquid ACD solution B
- **YELLOW TOP TUBE** – 8.3 ml draw  
SPS (Sodium Polyanelthol Sulfonate)

After specimen collection, all tubes - with the exception of the Light Blue Top tube (Sodium Citrate) - are to be gently inverted 8-10 times. This will ensure the proper distribution of additives with the specimen. The Light Blue Top Sodium Citrate tube should be gently inverted only 3-4 times to avoid activation of platelets which could skew test results.

Gold and red top tubes should be allowed to clot for a minimum of 30 minutes and centrifuged within a maximum of 2 hours after collection. Serum for the red top tube must be removed as soon as possible from the cells to maintain the integrity of the specimen. Extra red top tubes that are collected in the emergency will only be viable for one hour on arrival in the lab.