

Neonatal collection – minimum blood volumes

Implementation Tool

This table has been created to assist with neonatal collections where minimum blood volumes are of a critical nature. It is not intended for general use.

Using the minimum volumes for general use will affect the efficiency of the whole laboratory as small volumes may require manual processing.

- 1. The absolute minimum volumes stated are based on a full term infant of normal weight and a normal haematocrit.
- 2. Pre-term babies or those with a known elevated haematocrit will require larger volumes.
- 3. Volumes DO NOT allow for duplicate or repeat testing (e.g. to check a result)

	Serum				Instruction	
Serum (GEL)	Minimum volume	UEC,	IRON	TSH, FT4	METHOTREXATE -	Mix tubes after
Adult - 5mL	to be collected	SBR, CRP, LFT,		AFP, FSH, LH,	requires a separate	collection by
Adult - SML	0.6mL	CA, MG, PHOS		GENTAMICIN	tube wrapped in foil.	gently inverting 6-
atter by the				TOBRAMYCIN		8 times
No. in contrast of the contras				VANCOMYCIN		
Paed - 0.6mL				PHENYTOIN		
				PHENOBARBITONE		_
	Extra blood	Nil	0.6mL	0.3mL	0.6mL	
	required		per test	per test		
EDTA	EDTA					
	FBE	RETICS	BLOOD	G6PD SCREEN	PTH	Mix tubes after
Adult - 3mL	100	(no extra when	GROUP /DAT			collection by
Child - 2mL		combined with an				gently inverting 6-
		FBE)				8 times
Paed - 0.5mL Neonate - 0.25mL	0.3 mL	0.3 mL	0.1 mL	0.1mL	1 mL	
			CITRATE			
Citrate Plasma	Any combination of COAG SCREEN, INR, APTT, FIBRINOGEN (derived)				Mix tubes after	
Adult - 3.5mL	1 mL				collection by	
					gently inverting 6-	
Paed - 1.0mL					8 times	
Fill blood to O marker level						

Prompt Doc No: SNH0033334 v8.0					
First Issued: 08/03/2013	Page 1 of 2	Last Reviewed: 24/04/2024			
Version Changed: 24/04/2024	UNCONTROLLED WHEN DOWNLOADED	Review By: 30/04/2028			



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RELATED PROCEDURE OR GUIDELINE

<u>Venepuncture - Blood specimen collection</u>

KEYWORDS

Neonatal, blood, tube, collection

Document Governance		
Supporting Policy	High Quality Care (Policy)	
Executive Sponsor	cutive Sponsor CEO Shared Pathology Service	
Department Responsible	Pathology Department Pathology Department	
Document Author Quality and Safety Manager, Pathology		

Prompt Doc No: SNH0033334 v8.0		
First Issued: 08/03/2013	Page 2 of 2	Last Reviewed: 24/04/2024
Version Changed: 24/04/2024	UNCONTROLLED WHEN	Review By: 30/04/2028