

NICU Lab Reference Sheet Whole Blood Volumes

Hematology (22415)		Chemistry (22935)	
CBC/Diff (Includes Plt & H/H)	0.25 mL	Ammonia (on Ice)	0.25 mL
H/H	0.25 mL	Albumin	0.25 mL
Plt Count	0.25 mL	Alk Phos	0.25 mL
Retic Count	0.25 mL	AST/SGOT	0.25 mL
CBC/Diff & Retic Count	0.3 mL	ALT/SGPT	0.25 mL
G6PD- Qualitative	0.3 mL	T Bili	0.25 mL
PT/INR & PTT – Blue top tube	1.8 mL*	BUN	0.25 mL
PT/INR & PTT – Clear plastic tube	0.9 mL*	Calcium	0.25 mL
Fibrinogen	0.9 mL*	Ionized Calcium	0.25 mL
D-Dimer	0.9 mL*	Chloride	0.25 mL
Coag Screen (PT/INR and PTT)	0.9 mL*	Cholesterol	0.25 mL
Urine – UA or UA REFLEX	1.0 mL	CO2	0.25 mL
Urine - Tox Screen (5 mL will be needed if positive)	1.0 mL	Cortisol	0.30 mL
Microbiology (22422)		CK/CPK	0.25 mL
Blood Culture- Pediatric bottle	1.0 mL	Creatinine	0.25 mL
Fungal Blood Culture	1.0 mL	CRP	0.25 mL
Urine Culture (Cup) Deliver to Lab w/in 1 hr	0.5 mL	Digoxin (SERUM ONLY)	0.25 mL
GI Panel PCR (LAB4890) Deliver w/in 2 hrs	Swab	Glucose	0.25 mL
RPR (SERUM ONLY) (LAB6408)	0.5 mL	Insulin (SERUM ONLY)	0.25 mL
CSF Panel (Meningitis) (LAB5174)	1.0 mL	Lactate	0.25 mL
Blood Bank (22412)		LDH	0.25 mL
Type & DAT – cord blood or heel stick	0.25 mL	Magnesium	0.25 mL
Molecular (23886)		Phosphorus	0.25 mL
CMV IGG (SERUM ONLY)	0.3 mL	Potassium	0.25 mL
CMV IGM (SERUM ONLY)	0.3 mL	Sodium	0.25 mL
CMV PCR QT	2.0 mL	Triglycerides	0.25 mL
CMV PCR QL- Urine	1.0 mL	TSH	0.25 mL
HSV PCR (LAB2202)	Swab	T4	0.25 mL
Reference Lab (22424)		Total Protein	0.25 mL
HIV PCR QT (LAB6924)	2.4 mL	Therapeutic Drug Monitoring (SERUM ONLY)	0.25 mL
HIV PCR QL (LAB3478)	2.0 mL	Chemistry Panel Testing	
Caffeine ---NO GEL---	0.8 mL	Electrolytes (Na, K, CL, CO2)	0.3 mL
Chromosomes ---NO GEL--- Sodium Heparin	2-3 mL	Basic Metabolic (Electrolytes + BUN,Creat,Glu,Ca)	0.3 mL
Growth Hormone (SERUM ONLY)	0.6 mL	Renal Panel (Basic + Phos, Alb)	0.6 mL
HSV PCR-Blood (LAB5727)	0.5 mL	Comprehensive Metabolic (Basic + Alk Phos, AST, ALT, TP, T Bili)	0.6 mL
CAH 2-Tier (LAB2040)	Card	Nutrition Panel, Neonatal (Na, Ca, Phos, Alk Phos, AST, BUN, Creat, Bili)	0.6 mL
17OHPG (LAB3362)	1.5 mL	Nutrition Parenteral, Neonatal (Na, K, CL, Ca, Mg, Phos, BUN, Creat, Bili)	0.6 mL
Total IGM (SERUM ONLY)	1.5 mL	*BLUE TOPS – Need to be filled to the line marked on tube (0.9 mL or 1.8 mL). Call 22415 for tubes. Send back unused tubes to the Lab.	
Beta Hydroxy (LAB3611)	0.4 mL		