

The Academy of Veterinary Clinical Pathology Technicians

Specific Sample Types

Case: 1 2 3

AVCPT CASE LOG # _____

Blood

Purpose: Hematology Clinical Chemistry Serology Other (specify): _____

Collection Site: Venous - Vein (specify): _____ Arterial - Artery (specify): _____ Capillary - Capillary (specify): _____

Multiple Collections from the Same Site in a Close Proximity of Time: Yes No

Collection Site:

a) Close Proximity to Active Medication / Fluid Administration Port: Yes No Distal to Port Proximal to Port

b) From the Site of an Active Medication / Fluid Administration Port: Yes No

If the answer to either **a** or **b** was yes:

Specify Medication / Fluid Being Administered _____

Was the Needle / Catheter Flushed with Normal Saline: Yes No Heparinized Saline: Yes No

Was the Needle / Catheter Flushed Prior to Sample Collection: Yes No

What would be the effect of flushing or not flushing on the sample:

Was the Needle / Catheter Back-Flushed with the Patient's Blood Prior to Collection: Yes No

What would be the effect of back-flushing with the patient's blood on the sample?

Collection Method: Syringe Vacuum Tube

Needle: Butterfly Catheter Over-the-Needle Catheter Through-the-Needle Catheter Multiport-Catheter

Diameter: _____ Gauge: OD ID Length: _____ inches

Candidate Name _____

Type of Collection Tube: Anticoagulated Serum Separator Plasma Separator Red Top

Type(s) of Anticoagulant(s) (specify) _____ Other Additive(s) (specify) _____

Manufacturer's Stated Capacity of Tube: _____ mL _____ μ L Type of Tube: Vacuum Micro-Mini Collection Tube

Amount of Sample in Each Tube (tube type & amount): _____, _____ mL μ L _____, _____ mL μ L
_____, _____ mL μ L _____, _____ mL μ L

Tubes Filled within at least 10% of Volume of Manufacturer's Stated Capacity of the Tube: Yes No

Adequate Amount of Sample Available for All Tests: Yes No

Tubes Mixed, as Specified by the Manufacturer, Immediately After Collection: Yes No

Sample Refrigerated: Yes No

Storage Issues: None Excessive Heat Frozen Prolonged Length of Time: _____ hrs _____ days

Clotted Anticoagulated Sample: Yes No

Color of Blood: Venous Red Arterial Red Bright Cherry Red "Lipemic" Red
 Dark Brown Mauve-Lavender Other (specify): _____

Candidate Name _____