

Tube Types

Tube Color	Additive	Does it clot?	Serum or Plasma after centrifugation?	Sunquest Routing Code(s)	Extra tube Routing Code(s)
Red		Y / N	Serum / Plasma		
Gold		Y / N	Serum / Plasma		
Orange		Y / N	Serum / Plasma		
Lime		Y / N	Serum / Plasma		
Lavender		Y / N	Serum / Plasma		
Blue		Y / N	Serum / Plasma		
Pearl		Y / N	Serum / Plasma		
Clear		Y / N	Serum / Plasma		
Green (Li)		Y / N	Serum / Plasma		
Green (Na)		Y / N	Serum / Plasma		
Yellow		Y / N	Serum / Plasma		
Royal Blue (blue label)		Y / N	Serum / Plasma		
Royal Blue (red label)		Y / N	Serum / Plasma		
Royal Blue (green label)		Y / N	Serum / Plasma		
Sarstedt		Y / N	Serum / Plasma		
Gray		Y / N	Serum / Plasma		

OLTG Quiz

1. What is the CPOE name for a BMP?
2. What are the components of LYT?
3. What specimen types are possible for running an HRTABB test?
4. Which department runs a CBC?
5. What is a synonym for an A1C?
6. What is the preferred amount for a TROPIG?
7. What tests are included in an IBCD other than FE?
8. What is the minimum amount needed for an ESR?
9. What tube type is unacceptable for a SRICG?
10. What is the difference between the specimen type for an AG and a VG?
11. Is MONO available STAT?
12. What two container types are acceptable for a Urinalysis?
13. When is the MPA test run?

14. How long is LAMOT stable if the specimen is frozen?
15. What special processing instructions does HMC have for a HIXA?
16. Where is PESHIV run?
17. What is the stability for an A1C?
18. What are the available specimen types for VZVQLT?
19. Where is the RARRG test run?
20. What test code would you order for Methanol?
21. What test code would you order for the Amikacin Trough? Amikacin Peak?
Amikacin Random?
22. What is the LIS department code for where the IGM test is run?
23. What testing method is used to run MG?
24. Which tests are included in the EHPA panel? In the ESP panel?

Tubes Quiz

1. When should you stamp a requisition?
2. When should you initial a requisition?
3. When should you go to retrieve a container that fell into the well?
4. When should you announce an EHP or ESP to the loggers?
5. Who should take the tubes back for the EHP or ESP?
6. You received a pearl, a blue, a lime and a lavender tube. Which ones should you bring back for the EHP or ESP?
7. Where do you bring them?
8. What types of samples should be entered into the pass through log?
9. Where do you get the labels to assign the pass through number?
10. A nurse calls, asking you to tube four orange top tubes up to 940. What should you say?
11. A nurse calls, asking you to tube quantiferon tubes up to 940. Do we provide those?
12. A nurse calls asking you to tube VerifyNow tubes up to 940. What is important about the VerifyNow tubes that you should convey to the nurse?
13. A nurse calls, asking you to tube the purple blood culture container up to the floor but we do not have any more. What do you tell him?
14. What do you do when you receive CSF?

15. What do you do when you receive a STAT blood culture?
16. A urine culture, a blood gas, and an EHP all fall into the well at the same time. Which do you retrieve first? Second?
17. A STAT CBC, a Routine Troponin, and CSF are all dropped off at the window at the same time. What do you retrieve first? What do you do with the other two?
18. When should you file requisitions?
19. Are all requisitions filed alphabetically no matter what? Why or why not?
20. You receive an unlabeled specimen. What should you do?
21. You receive a mislabeled specimen. What should you do?
22. A patient comes to the window with a requisition for a blood draw at 4pm on a Monday. What should you do?
23. A patient comes to the window without a requisition at 6 am on a Wednesday. What should you do?
24. A patient comes to the window with an empty, unlabeled 24 hour urine jug and a requisition for RUFMET. What do you do?
25. A patient comes to the window with a full, unlabeled 24 hour urine jug that he collected, along with a requisition. What do you do?
26. A nurse comes to the window with an empty, unlabeled 24 hour urine jug and no requisition, telling you that he needs to start a collection for a RUFMET. What should you do?
27. A researcher drops off a sample and walks away. As you are checking the sample, you notice that it is unlabeled. What should you tell the researcher when you call her? Why do you think this is different from our usual protocol?
28. Blood cultures come down with no foam. What do you do?

Preliminary Logging Quiz

1. What is the login location for all SPS computers?
2. Is your login the same for Sunquest and SmarTerm?
3. Which item do you select in the Sunquest menu to log a manual order?
4. What do you select for an electronic order?
5. What is the difference between EPIC and ORCA?
6. You receive an order for a BMP and a CBC with a red top tube and a lavender. The pop-up routing window wants to route it to PS and a L. Is that correct for what you have? What do you do?
7. You receive an order for a UAC with a yellow top urine and a gray top urine. Which tube is correct for the test? Do you do anything special with the label? What do you do with the other tube?
8. You receive a trauma panel order with an orange, a lime, a blue and a lavender. Sunquest prefers to route to PS, L, and BL. Do you have the right tubes? What do you do with the other tube?
9. You receive an arterial syringe. How much time can elapse between when the syringe is drawn and the test is run before the specimen expires? Is that also true for a venous syringe?
10. You receive an order for a Troponin and a CBC and you have an orange tube and a lavender tube. What do you do differently when placing the samples in the outgoing rack?
11. If the Chemistry line is down for maintenance, do you still put tubes in the Line Load section of the outgoing rack?

The outgoing rack has 6 sections: **Line Loading (LL)**, **Heme (H)**, **Coag (C)**, **Manual (M)**, **Centrifuge Bypass (CB)** and **Unspun (U)**. In which section of the outgoing rack do you place a(n):

Tube Type	Rack Section	Draw a line on top?
Orange for Troponin that is more than half full		Y / N
Lav for CBC that is filled to capacity		Y / N
Lime for BMP that is more than half full		Y / N
Orange for BMP that is less than half full		Y / N
Lav for A1C		Y / N
Blue for PPP that is underfilled		Y / N
Blue for PRO that is filled to capacity		Y / N
Lav for CBC that has less than 1 mL		Y / N
Pedi lime for MG		Y / N
Spun Pearl for HVAGAB		Y / N
Orange for Troponin that is less than half full		Y / N
Pearl for BNAP that is more than half full		Y / N
Extra gray urine tube		Y / N
Sarstedt for ZN		Y / N
Lav for TCS48		Y / N
Gold for TSH that is more than half full		Y / N

Tube Color Quiz

1. What tube color(s) do we normally receive for:

Test	Tube Color(s) (mark all that apply)
BMP	Lime Lav Blue Orange Gold Pearl
COMP	Lime Lav Blue Orange Gold Pearl
CBC	Lime Lav Blue Orange Gold Pearl
PPP	Lime Lav Blue Orange Gold Pearl
VITDG2	Lime Lav Blue Orange Gold Pearl
HVAGAB	Lime Lav Blue Orange Gold Pearl
A1C	Lime Lav Blue Orange Gold Pearl
TYL	Lime Lav Blue Orange Gold Pearl
HCTG	Lime Lav Blue Orange Gold Pearl
PRO	Lime Lav Blue Orange Gold Pearl
HFPA	Lime Lav Blue Orange Gold Pearl
HCAB	Lime Lav Blue Orange Gold Pearl
ASA	Lime Lav Blue Orange Gold Pearl
ZPPH	Lime Lav Blue Orange Gold Pearl
PESHIV	Lime Lav Blue Orange Gold Pearl
TROPIG	Lime Lav Blue Orange Gold Pearl
CK	Lime Lav Blue Orange Gold Pearl
SRICG	Lime Lav Blue Orange Gold Pearl
PLIC	Lime Lav Blue Orange Gold Pearl
DICNP1	Lime Lav Blue Orange Gold Pearl
TR6EHP	Lime Lav Blue Orange Gold Pearl
PG	Lime Lav Blue Orange Gold Pearl
P	Lime Lav Blue Orange Gold Pearl
EHPA1	Lime Lav Blue Orange Gold Pearl
ESP3	Lime Lav Blue Orange Gold Pearl
ESR	Lime Lav Blue Orange Gold Pearl
TSH	Lime Lav Blue Orange Gold Pearl
PRO	Lime Lav Blue Orange Gold Pearl
T4	Lime Lav Blue Orange Gold Pearl
ETOH	Lime Lav Blue Orange Gold Pearl
TRAUP6	Lime Lav Blue Orange Gold Pearl
NA	Lime Lav Blue Orange Gold Pearl
MG	Lime Lav Blue Orange Gold Pearl
BNAP	Lime Lav Blue Orange Gold Pearl
PSA	Lime Lav Blue Orange Gold Pearl
LI	Lime Lav Blue Orange Gold Pearl
TACROG	Lime Lav Blue Orange Gold Pearl
LYT	Lime Lav Blue Orange Gold Pearl
ICAR	Lime Lav Blue Orange Gold Pearl
PTT	Lime Lav Blue Orange Gold Pearl
HRTABB	Lime Lav Blue Orange Gold Pearl
HSCRIP	Lime Lav Blue Orange Gold Pearl
DDI	Lime Lav Blue Orange Gold Pearl

2. In general, on what color tubes are chemistry tests run?
3. In general, on what color tube are hematology tests run?
4. What on color tube are coagulation tests generally run?
5. Are red tops ALWAYS spun? What is the exception and how do you tell?
6. Are orange tops ALWAYS spun? Why or why not?
7. Are lavender tops ALWAYS spun? Why or why not?
8. Are lime tops ALWAYS spun? Why or why not?
9. You have one tube of each color (orange, lavender, lime, green, gold, red, blue, gray, 2 royal blue--one with a red label and one with a lavender label, sarstedt and pearl) and you are going to centrifuge all of them. Which ones do you have to wait to spin? Why do you have to wait?

Which tubes produce serum when spun?

Which tubes produce plasma when spun?

Midpoint Logging Quiz

1. What cancellation code do you use for:

Error	Cancellation Code
Wrong tube type received	
Wrong specimen temperature	
Combining tests to one accession number	
Time entry error	
Phlebotomy collection error	
Doctor decided not to run the test	

2. What are “blue slips” and when are they used?
3. What are “purple slips” and when are they used?
4. What are “pink slips” and when are they used?
5. When should you use the clipboard at the logging stations?
6. You receive a CPOE requisition for a BMP and CA with one orange top tube. Can these be on the same accession number? What should you do?
7. What do you do when you receive a lavender tube and an order for a BMP?
8. What should you do when you receive a blood gas that is 25 minutes old? 35 minutes old?

9. What do you do when you receive a green top tube on ice for a VG?

10. For which phlebotomy cancellation codes do you need to include an RN name in the modifier:

Cancellation Code	RN name needed?
YCOLL	
YPROV	
YRNCOL	
YDUP	
YPRT	
YDISC	
YNPAT	

Why don't you need to include the name for these codes?

11. You receive a blue slip that has YRNCOL marked and says "RN notified: Jo, patient moved to ICU". What should you include in the cancellation and why?

12. What do you do after you log an outside order?

13. What do you do differently when logging an RTS order?

14. What is the difference between an EHP and ESP? Is one more immediate than the other?

15. How do you announce an EHP or ESP?

16. A request for UACRC comes down with one yellow top urine tube and one gray top urine. Do you have any extra specimens?

17. A request for UAC comes down with a yellow top urine and a gray top urine. Do you have any extras?

18. A UDRSS arrives with three yellow top urine tubes. Do you have any extras?

19. A UELPP arrives with 7 yellow top urine tubes. Do you have any extras?

20. Three yellow top urine tubes arrive with orders for UMALSP, UPCRAT, UOSMO, ULYT and UAC. Do you have any extras?

Blood Gas Logging Quiz

1. What should you always do as soon as you are done logging a blood gas? Why is this important?
2. You receive a blood gas and an EHP. Which do you log first?
3. You receive a blood gas and a Troponin. Which do you log first?
4. What is the most common test that is normally run on a blood gas syringe that can also be run on a green or lime? Are there any others?
5. What units are used for the FIO₂?
6. What units are used for the RXO₂?
7. What units are used for the PEEP?
8. Do you label the blood gas syringe? Why or why not?
9. Do you discard the remaining labels? Why or why not?
10. What are the two possible routing codes for a blood gas syringe?
11. What are the six possible routing codes for a lactate?
12. You received an order for a MCX. What tube type do you route to?

13. You have three blood gases sitting in your bucket. Which do you log first? What do you do if the other two are getting close to their time limit?
14. You receive a syringe without a requisition. You call the nurse to ask about the syringe. What should you always remember to remind her about the blood gas?
15. You receive an arterial blood gas on a 6 month-old. What do you order? Why is this important?
16. What is included in the test code ACX? Can that be ordered on the same accession number as AG?
17. What should you do when you receive an order for one syringe with AG and WALAC on separate accession numbers? Why is this important?
18. You ring the bell at the blood gas bench as you announce that you have dropped off a blood gas. However, no one is there and no one reacts to the sound of the bell. What should you do?
19. You receive a research req for VCO with a green top tube. The OLTG says that a green tube is acceptable but it is routing to a problem. What should you do?
20. You receive a lime top with an order for a WIC. What should you do?

Spin 1 Quiz

1. What does it mean when a tube has a line on top of it?
2. When should you go to retrieve a Troponin?
3. What are the two automated lines that we are responsible for loading?
4. How often should you load them?
5. What do you do when a lime top tube does not have a line on top of it?
6. What do you do when a BMP and a SYPHS are shared on a gold tube?
7. What do you do when a BMP and an OSMO are shared on a lime tube?
8. What do you do when a WVLC and COMP are shared on a lime tube?
9. What do you do when a SRICG and a BMP are shared on a gold tube?
10. What do you do with an A1C tube that has a line on top of it?
11. What do you do when a CBC and a BNAP are on the same lavender tube?
12. What do you do when an FTDIL is on one lime tube?
13. Where do you put extra gray urine tubes? What about the gray top from UACRC?

Spin 2 Quiz

1. What should you do with a green top VITCGG?
2. What should you do with a sarstedt for VITCGG and ZNG?
3. What do you need to do differently with aliquot tubes that are stored in the -70 freezer?
4. What do you need to do differently for all refrigerated specimens that you pour off for Clinical Virology (CVIR)?
5. What do you do differently for VITAG, VITEG, CAROG and FOLATR?
6. In what container should we put urine for a UELPP? What do we do if there is only one yellow top sent?
7. What do we do with the label when we finish a rack?
8. When do we discard a rack?
9. What should you do when the timer by the water bath goes off?
10. Where do we find the pH strips for the 24-hour urine?
11. What do we do if we have a stool sample that needs to be shared?
12. What do you do with test code EHSAVE, SAVESP, or an “;EHSAVE” modifier?
13. Under what circumstances do we spin blue tops?
14. What do you do with a blue top that has an HDEC label?

15. What should you do with the red top for ASPGMS?
16. What do you do differently when aliquotting CSF for RCCJD?
17. How long do you have to wait for Orange tops (RSTs) to clot before spinning?
What about Gold (SSTs)/Red tops?
18. A UDRSCG has one yellow top urine tube. Do you have enough? What do you do with the tube?
19. A UDRSS has four yellow top tubes. What do you do?
20. Where does extra urine go after decanting a UDRSS? What about a UMALSP?

Test Ordering Quiz

Tests Requested	What to Order
AG + ACX	
ALT + AST	
ALB + TP + ALK +ALT + AST + BILTD	
BMP + TP + ALB + BILT + ALT + AST + ALK	
BMP + ALB + P	
BMP + COMP	
CBC + ANCADD	
CBC + DFADD	
RENFP + BMP	
CA + GLU + NA + BMP	
HCTG + HBG + CBC	
UPCRAT + UCRE	
COMP + HFPA	
COMP + RENFP	
DICNP1 + PLTG	
EHPA1 + CBC	
EHPA1 + CBD	
EHPA1 + TRAUP6	
ESP3 + CBC	
EHPA1 + PPP	
EHPA1 + CBD + PPP	
NA + K	
PRO + PTT	
RENFP + HFPA	
TRAUP6 - ETOH + ALT + AST	
UDRSS + MSADDG	
UDRSS + UPDS	
UNA + UK + UCL	
UNA + UK	
IBCD + FE + FER	
MIX1P + PTT	

Sendouts Quiz

1. What temperatures do we need to check for UWMC send outs?
2. What temperatures do we need to check for Hematopath?
3. What temperatures should we check for CVIR?
4. What temperatures should we check for EVIR?
5. What do we do with samples to go to Roosevelt?
6. What should you do when you are handed a processed HIXA sample by the Coag tech?
7. What should you do if you are working the cross hospital send out bench at 10:45am and you are notified that there is a TACROG, SIROLG or CSAG?
8. What code do we type into SmarTerm to print out the send out log?
9. What are "hot files"? Where are they located?
10. Where should we put original requisitions that we receive from UW? What about copies?
11. Which two tests do we receive from other labs in the highest volume to run at HMC?
12. If there is no label provided when we receive a batch from another lab, where is the batch number on the batch sheet?
13. What do we do with the batch sheet after we receive the specimens?
14. Where do we put the ice/dry ice and box after we receive the specimens?

15. What are we looking for when we do a rack check?

16. What are we looking for when we check that crash boxes?

17. How do we contain the specimens for send outs for the Lab Med courier?

18. How do we contain the specimens for send outs for Delivery Express?

Add-on Quiz

1. What should you add when a provider has already run a COMP and would like to add an HFPA?
2. What should you add when a provider has already run an HFPA and would like to add a COMP?
3. What should do when a provider has already run a HCTG and wants to add a CBC?
4. What should you do when a provider had already run a CBC and wants to add a HCTG?
5. What do you add on when an AG was already run on a blood gas and they want to add an "oximetry panel"?
6. How long can you add on a differential smear?
7. How long can you add an Ionized Calcium?
8. How long can you add a BMP?

9. If a blood gas was run an hour ago, can a lactate be added on now? Why or why not?

10. If a blood gas syringe was sent an hour ago and the nurse said to hold it as an extra, can we run a lactate now? Why or why not?

11. What do you do when you receive an add-on for lactate on a lime top that is 20 minutes old and has been received but not processed yet?

12. What do you do when you receive an add-on for a lactate on a lime top that is 40 minutes and hasn't been processed yet?

13. What do you do when you receive an add-on for a lactate on a lime top that is 20 minutes old but was centrifuged 10 minutes ago?

14. What do you do when you receive an add-on but no specimens have been received yet on this patient?

15. How are Epic add-ons different than ORCA add-ons? How do we find them?

Final Logging Quiz

1. What tests are ordered when a doctor asks for:

Coags	
LFTs	
Chem 7	
APAP	
BAL	
Ketones	
RPR	
IGRA	
Liver enzymes	
SPEP	
M10	
M7	
Short Tox	
Long Tox	
Aspirin assay	

2. What should you do when you receive an order for:

COMP and HFPA:

COMP and BMP:

HIV:

Vancomycin:

EHP and a PPP:

EHP and a CBD:

ZPPH and A1C:

3. When do we need to make copies of the reqs?

4. What is a provider asking for when he orders a "spot" urine?
5. What should you do when you receive a yellow top urine for a UMYO?
6. What cancel code should you use when you receive a blue slip because the nurse is going to collect a phlebotomy order?
7. What cancel code should you use when the tube broke in the lab?
8. What cancel code should be used if phlebotomy forgot to draw a tube?
9. When a Quantiferon kit is received, which labels go on which tubes? What if the tubes are overfilled?
10. What do we do with a tube wrong color tube for the test that was ordered?
11. Why shouldn't you reschedule a phlebotomy draw unless you receive a blue slip?
12. Which 3 common Chemistry tests have orange as the preferred tube type?
13. Which tests should you announce to the person on spin?
14. What should you do when you receive one yellow top urine for a UAC and a UDRSCG?
15. What should you do when you receive one blood gas syringe and an order for a VG and WALAC?

16. When should you document something in Hc1?
17. What should you do when you receive an order on a lavender for “smear” and no other information?
18. Why is it a problem when you relog the same test with the same collection time? What do you need to do to fix it?
19. What do you do when phlebotomy gives you two lime tops with different accession numbers where one has a BMP and the other has a CA?
20. What should you do when you order a TOXAL1 and route it to an orange top?
21. What should you route to when you have one pearl and one gold, but have an HVAGAB and an HABC ordered?
22. What should you do when you receive a red top for HVAGAB?
23. When you route to NT, what should you put in the pop up window if you are fixing the order?
24. What should you do if you accidentally route to two lime tops instead of one?
25. What should you do if you accidentally route to an orange top instead of a red top?
26. What should you do if you answer the phone and it's one of your coworkers calling in sick?
27. What do you do when the medical examiner calls?

28. How much does the HIVGRA test cost?
29. What do we do when we receive a pink tube? Why is this important?
30. What function do you use in SmarTerm to check an outside order that your coworker logged? What do you do if there is a discrepancy?
31. When do you log something as EHSAVE?
32. When do you log something as SAVESP?
33. What do you log if there are HOCCH extras, but EHSAVE is not marked?
34. You get multiple orders from an outpatient phlebotomy patient. One provider orders a BMP and a different provider orders a COMP. Phlebotomy has labeled the tube with the BMP. What should you do? Can you CC the other provider?
35. A patient comes to the window for an outpatient draw while the phlebotomy clinic is closed. You pull up the patient in Epic and see that there is a transplant panel ordered for tomorrow. What do you NEED to ask the patient before releasing the order? Why is this important?
36. Outpatient phlebotomy brings a blue top back to Coag for a Pharmacy order. You see that there are actually two orders: one is for PRO for the Pharmacy and one is for PPP from Family Medicine. What should you do?
37. Outpatient phlebotomy brings two orders for a BMP but one is logged to the patient's H number and one to the patient's U number. Can you CC the other provider? What should you do and why?