

**Michigan Medicine**

BIRTHDATE

Department Of Pathology  
Testing / Diagnostic / Screening  
Requisition - Blood Gas Laboratory

**RESULTS  
REPORTING  
LOCATION  
CODE:**

NAME

MRN

CSN

STAT

ORDER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

ICD-9 Code/Diagnosis:		Ordering Clinician to receive report: <input type="checkbox"/> See label above	
Collected by:			UMHS Dr. #: ____
Collected Date: ____/____/____	Collection Time: ____:____am/pm	Attending Physician: (if different from above)	UMHS Dr. #: ____

**PEDIATRIC BLOOD GAS**

**Oxygen Requirements**

\_\_\_\_ FIO2    \_\_\_\_ Liter Flow

Results temperature corrected to \_\_\_\_°C

**ARTERIAL**

- Blood Gas, electrolytes  
lactate, co-oximetry (PBGA)
- Cord Blood Gas (PCBA)
- Ionized Calcium (PCALA)

**VENOUS**

- Blood Gas, electrolytes  
lactate, co-oximetry (PBGV)
- Cord Blood Gas (PCBV)
- SVO2 ECMO circuit gas (PSVO2)
- Ionized Calcium (PCALV)

**CAPILLARY**

- Blood Gas, electrolytes  
lactate, co-oximetry (PBGV)
- Ionized Calcium (PCALC)

Circuit Gas (CRRTM)

**ADULT BLOOD GAS / STAT LAB**

**Oxygen Requirements**

\_\_\_\_ FIO2    \_\_\_\_ Liter Flow

Results temperature corrected to \_\_\_\_°C

**ARTERIAL**

- (ABGA) Includes the following tests:  
PH, PCO<sub>2</sub>, PO<sub>2</sub>, O<sub>2</sub>Hb, COHb, Methb, Sodium, Potassium,  
Ionized Calcium, Chloride, Lactate, Glucose

**VENOUS**

- (ABGV) Includes the following tests:  
PH, PCO<sub>2</sub>, PO<sub>2</sub>, O<sub>2</sub>Hb, COHb, Methb, Sodium, Potassium,  
Ionized Calcium, Chloride, Lactate, Glucose
- SV02 recal. (ASVO2)
- Venous Ionized Calcium (CRRTU)

**\* Sample must be in an electrolyte balanced heparin syringe\***

**SPECIMEN CODES:****TUBES**

B = BLUE  
 F = FSP  
 G = GREEN  
 N = NAVY BLUE  
 L = LAVENDER  
 P = PINK  
 R = RED  
 S = SST (CORVAC)

**SITE/MATERIAL**

A = AMNIOTIC FLUID  
 BF = BODY FLUID  
 BM = BONE MARROW  
 CSF = SPINAL FLUID  
 GA = GASTRIC  
 M = MUSCLE TISSUE  
 SK = SKIN  
 T = TISSUE  
 U = URINE

**HANDLING CODES:**

**BLACK REVERSE** = SPECIMENS REQUIRE SPECIAL HANDLING. Refer to on-line handbook, <http://www.pathology.med.umich.edu/handbook/>

**BLACK REVERSE ITALICS** = SPECIMENS REQUIRE SPECIAL HANDLING AND A HISTORY AND DIAGNOSIS.

**BLACK BOLD ITALICS** = THESE TESTS REQUIRE A HISTORY AND DIAGNOSIS IN ORDER TO REPORT RESULTS.

**COLOR BOLD ITALICS** = THESE TESTS REQUIRE A SPECIAL CDC OR MDPH HISTORY FORM AVAILABLE IN THE LAB.

\* = THESE TESTS INCLUDE A CONSULTATION AND REQUIRE A HISTORY AND DIAGNOSIS.

**BLOOD GAS SAMPLING - ARTERIAL PUNCTURE****I. Materials**

- A. 2cc or 3cc syringe
- B. 25 gauge needle
- C. Pre-Heparinized (Dried Lithium) Blood gas kit  
(available through materiel services)
- D. Sterilize 4 X 4 or 2 X 2 gauze pads
- E. Alcohol swab
- F. Requisition

**II. Sample Handling**

- A. Expel any air from sample
- B. Discard needle
- C. Cap syringe with airtight cap
- D. Mix sample well by rolling between palms of hands to distribute heparin (prevents clotting)
- E. Fill out requisition
- F. Place label on syringe
- G. Transport to lab

\* For Complete policy and procedure, copies are in main blood gas lab or call 6-5249.

**ELECTROLYTE/METABOLYTE SAMPLING HINTS**

1. Elevated acetaminophen will interfere with glucose analysis.
2. Excess or liquid heparin will elevate calcium levels.
3. Avoid hemolysis of sample - will cause elevation of potassium.
4. Draw sample from an indwelling line or from a vessel without a tourniquet above draw site to avoid hemolysis.
5. It is preferable to deliver sample to the lab with the specimen at room temperature within 5 minutes. Placing the sample on ice will elevate potassium.