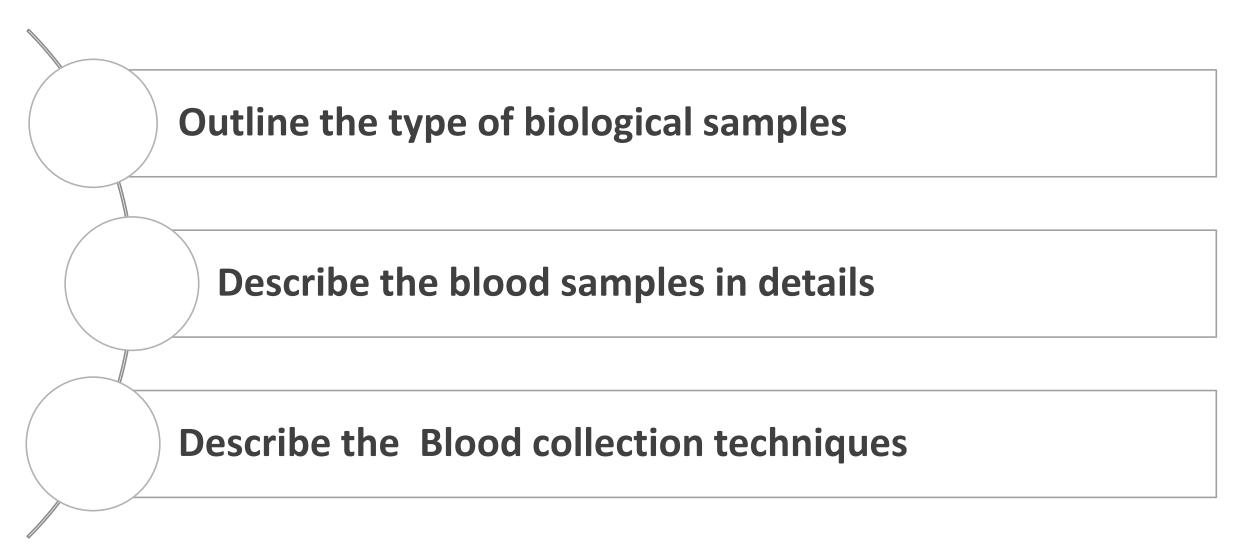
# Sample collection, processing and handling

By Dr. Yasmine Sami

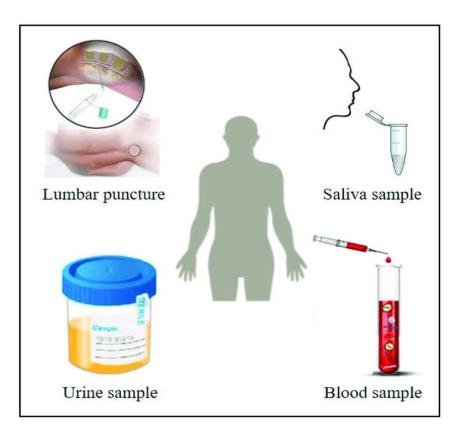
Medical biochemistry 2022-2023

# Intended learning outcomes



# **Types of biological samples**

- Blood
  - Whole blood
  - Serum
  - Plasma
- Urine
- Feces
- Other body fluids: Saliva, Spinal fluid, Synovial fluid, Pleural, Pericardial and Peritoneal fluids



## Blood

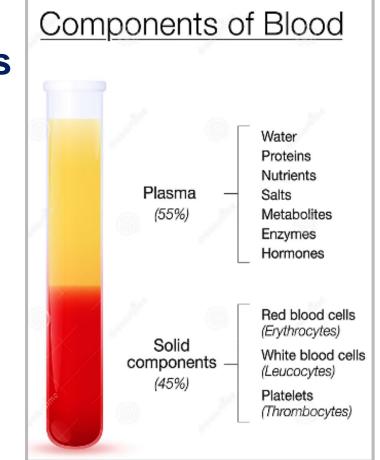
Blood: is the red fluid in the body that delivers

necessary substances such as nutrients and

oxygen to the cells and transport metabolic

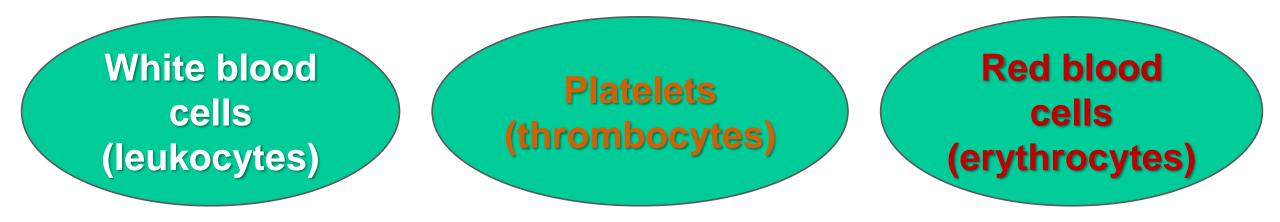
waste products away from those cells.

It consists of 55% fluid and 45% blood cells.





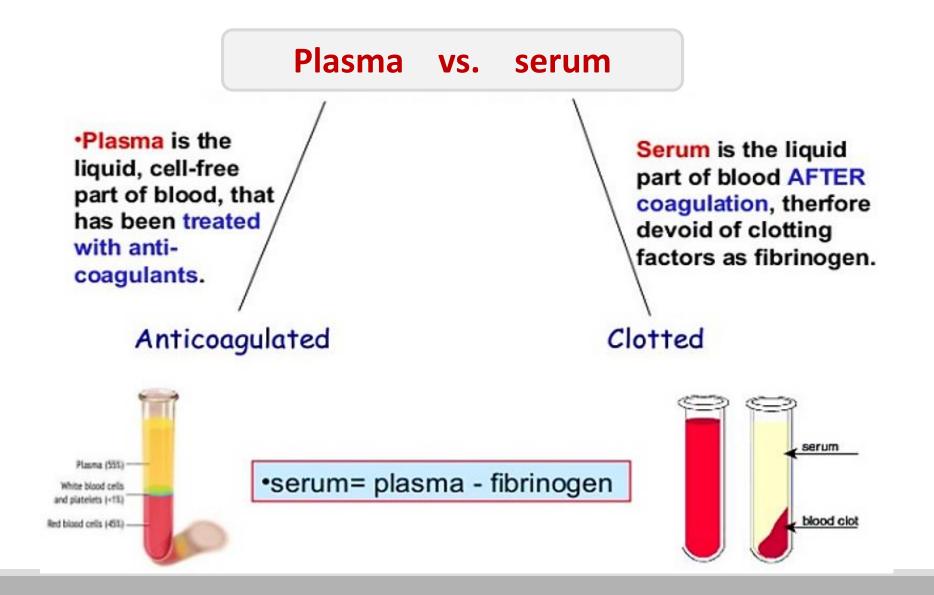
#### **Blood cells are classified as:**



# Types of blood specimens

- Whole blood: A venous, arterial or capillary blood sample collected in anticoagulant tube.
- Serum: blood collected without any anticoagulant and centrifuged. Clear supernatant fluid devoid of any fibrin products (clotting factor).
- Plasma: blood collected and mixed with anticoagulant and centrifuged. Clear supernatant fluid with thrombosis inhibited.
  No changes occur in blood.

# **Types of blood specimens**



# **Blood collection techniques**

The process of collecting a blood sample is called as phlebotomy.



Capillary blood collection: capillary blood is a mixture of blood originating from artery, vein and capillary. It is collected from fingertip, earlobe or heel which used for pediatric and geriatric, and to obtain blood for rapid analysis.

# **Blood collection techniques**

 Arterial blood collection: used for blood gas analysis, required special training and must be performed by skilled physician.





 Venous blood collection: is the must commonly used and it is used for clinical chemistry and serology.

### **Venipuncture equipment**



Antiseptic (70% isopropyl alcohol) and cotton, Gloves, Tourniquets, Syringe, Tube

1. The laboratory staff should ask the patient some questions like full

name, drug, diet, venous state, chronic disease, and intravenous fluid.

- 2. Patient position:
- Patient should be comfortable, sitting or lying on a bed.
- Never perform on a standing patient
- Arm to be extended straight from wrist to shoulder
- 3. Wash your hands, wear protective gloves and face mask

4. Select a suitable site for venipuncture, by placing the tourniquet 3 to 4 inches

above the selected puncture site on the patient.

5. Do not put the tourniquet on too tightly or leave it on the patient longer than one minute.

6. When a vein is selected, cleans the area in circular motion with alcohol. Allow the area to dry as alcohol can cause hemolysis and interfere with results. After

the area is cleansed, it should not be touched or palpated again.



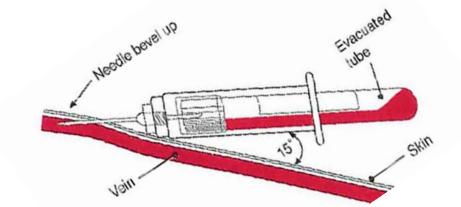


7. Swiftly insert the needle through the skin into lumen of

the vein. The needle should form a 15-30 degree angle with

the arm surface. Avoid excess probing.





8. Before removing the needle from the vein, remove the

tourniquet and put cotton ball over the needle site as the

needle is removed.

9. After blood is collected, blood is transferred into

appropriate tube by gentle ejection.



- Timing The time at which a specimen is obtained is important for constituents that have diurnal variation e.g. cortisol and samples of therapeutic drug monitoring
- Timing also very important for measurement of glucose and alcohol (concentration may change later)
- > Types of timed samples:
- Fasting sample is best for biochemical investigations (12- 14 hours or overnight fast)
- Post prandial sample is taken 2 hours after a meal
- Random sample can be taken anytime.

# **Haemolysis of sample**

- Haemolysis: is rupturing (lysis) of red blood cells and release of their contents (cytoplasm) into surrounding fluid. This should be avoided since it makes blood sample invalid because:
- 1. It has dilution effect on constituents of lower concentration in RBC than in plasma like: Na+. (low false reading)
- 2. Increase in plasma concentration of constituents with higher concentration in RBC than in plasma like: K+, AST, and LDH. (high false reading)
- 3. Heam released from destructed RBC may interfere with spectrophotometric measurements of some parameters like bilirubin

# **Causes of Hemolysis**

**1. Moisture in the collecting tube, syringe or during the blood** 

collection.

2. Vigorous mixing of the blood or rapid expansion of the blood in the

tube or centrifuge.

3. Incorrect needle size (small or large).

4. During the bad separation process.

#### **Kinds of anticoagulants**

1. EDTA (Ethylene Diamine Tetra Acetic Acid): it works by chelating the calcium molecules in the blood.

2. Heparin: it is the most commonly used because it has the least interference, it acts by preventing the formation of fibrin from fibrinogen.

3. Citrate: it works by chelating the calcium. It interfere with some enzyme assays like AST, ALT and ALP

4. Oxalate: this form insoluble complex with calcium ions. It may interfere with some enzyme assays like ALP, amylase, and LDH

5. Sodium fluoride: it is a weak anticoagulant but used mainly as a preservative for blood glucose samples

# THANK YOU !

#### **ANY QUESTIONS ??**

#### PLEASE ASK