	RIDGEWAY HOSPITA Department of Chemica t form for special biocher	l Pathology		Lab reference number
Name Age Gender Date of birth	: :	BHT/Clinic No Ward/Clinic Tel No of patient Specimen :	: :	
	: <4 Hrs □ 4 Hrs al history & examination findin	1gs:		

PLASMA

Lactate	Performed on Tuesdays and Thursdays only
	(Except Public Holidays)
	Please follow the instructions provided overleaf.

CSF

Lactate

Name and designation of the requesting medical officer :	To be filled by the nursing officer Date & time of sample collection :
Date :	Name :

To be filled at the laboratory reception					
Date & ti	ime of sample re	ceipt			
Lipae-	🔲 mic	Hae-	□ molyzed	Icteric	Insufficient

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Please follow the instructions provided to your unit. For further information and clarifications please contact Department of Chemical Pathology 011–2693711 Ext 314

Instructions for patient preparation and sample collection

PLASMA LACTATE & CSF LACTATE

Patient Preparation - Fasting

Children > 3 years	: 4-6 hrs
Children > $1 yr - 3 years$: 3 hrs
Infants	: Just before the next feed

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ஆகாரமின்றி இருப்பதற்கான தயார்ப்படுத்தல்

சிறுவர் >3 வயது	: 4 - 6 hrs	S
சிறுவர் > 1 வயது - < 3	வயது : 3 hrs	
குமந்தை <u>அ</u> டுக்க க	ாப்ப்பால் கொடுக்க க	ŦŴ

குழந்தை : அடுத்த தாய்ப்பால் கொடுக்க சற்று முன்

PLASMA LACTATE

Collection Container	Sodium fluoride/Potassium oxalate
Sample Volume	1 mL
Collection and transport instructions	Avoid exercise of the hand or arm immedi- ately before and during the procedure. Sam- ple should be taken without a tourniquet. Once the sample is transferred to the tube, mix it well and transport it in the ice to the laboratory immediately.

CSF LACTATE

Collection Container	Sterile Plain Tube/bottle in the lumber puncture set
Sample Volume	6 to 7 drops of CSF
Collection and transport instructions	Once the sample is collected, transport it immediately to the la- boratory.