

**Hematocrit (HCT)** 

Order Name: **HCT DET**Test Number: 0102100
Revision Date: 11/28/2018

TEST NAME			METHODOLOGY	LOINC CODE
Hematocrit (HCT)			Flow cytometry	4544-3
SPECIMEN REQUII	REMENTS			
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	5 mL (1 mL)	Whole Blood	EDTA (Lavender Top)	Refrigerated
Alternate 1	1 mL (0.5 mL)	Whole Blood	EDTA (Lavender) Microtainer/Bullet	Refrigerated
Instructions	For best results Room temperature specimens canceled.	should be tested within 12hrs	s, otherwise send Refrigerated. Specimens received	d greater than 48hrs old will be

GENERAL INFORMATION		
Testing Schedule	Daily	
Expected TAT	1 Day	
Clinical Use	The hematocrit is determined to access red cell mass as part of routine testing or in the evaluation of blood loss, anemia, state of hydration, and various polycythemic states.	
CPT Code(s)	85014	
Service Provided By	labcorp Oklahoma, Inc.	