

Order Name: **PLASMA HGB** Test Number: 2004550 Revision Date: 06/04/2021

TEST NAME		ME	THODOLOGY	LOINC CODE	
Plasma Hemoglobin	sma Hemoglobin		ectrophotometry	721-1	
SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	2 mL (0.5mL)	Plasma	Lithium Heparin PST (Light Green Top)	Refrigerated or Frozen	
Instructions	Must have red cell free plasma! Separate plasma from cells immediately and aliquot approximately 2.5mL of plasma into plastic aliquot tube. Then centrifuge that plastic aliquot tube second time and aliquot 2mL(0.5mL) of red cell free plasma. If testing is not going to be performed immediately please refridgerate or freeze final aliquot. Stability: Refrigerated 7 days, Frozen 3 months				

GENERAL INFORMATION	
Testing Schedule	Mon - Fri
Expected TAT	1-3 days
Clinical Use	Useful for determining whether hemolysis is occurring such as from transfusion reaction and mechanical fragmentation of red blood cells.
CPT Code(s)	83051
Service Provided By	Oklahoma, Inc.