

# Hematocrit Test

## ***Patient Information***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_ Date of Test: \_\_\_\_\_  
Ordering Physician: \_\_\_\_\_ Clinical Notes/Reason for Test: Patient presents with fatigue and weakness.

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## ***Sample Collection***

Site of Blood Collection:

Needle Size:

Sample Collection Time:

Patient Preparation:

- Fasting
  - Non-fasting
  - Other (Specify): \_\_\_\_\_
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## ***Procedure***

### **Patient Identification**

Confirm the patient's identity using at least two unique identifiers (e.g., name and date of birth).

### **Sample Collection**

- Prepare the patient's arm and insert the needle into the selected vein.
- Collect appropriate blood into a suitable blood collection tube (e.g., lavender-top EDTA tube).

Prepared the patient's left antecubital vein and inserted a 21-gauge needle.  
Collected 4 mL of blood into a lavender-top EDTA tube.

### **Blood Handling**

- Gently invert the collection tube several times to ensure proper blood mixing with the anticoagulant.
- Avoid hemolysis during sample handling.

## Centrifugation

- Place the collection tube in the centrifuge machine and spin at \_\_\_\_\_ rpm for \_\_\_\_\_ minutes.
- Ensure proper balance in the centrifuge.

## Separation

- After centrifugation, observe the separation of blood components.
- Red blood cells should settle at the bottom of the tube.

## Measurement

- Use a hematology analyzer or a manual method to measure the hematocrit level.
- Report the result as a percentage (%).

## Results

Hematocrit Level: \_\_\_\_\_% (Reference Range: \_\_\_\_\_% - \_\_\_\_\_%)  
Interpretation

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## Clinical Considerations

High Hematocrit Indications:

Low Hematocrit Indications:

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## Follow-up

- Discuss results with the ordering physician.
  - Consider additional tests if necessary.
  - Communicate results to the patient and provide necessary recommendations.
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## Certification

I certify that I have performed the hematocrit test according to the standard protocols and that the information provided is accurate to the best of my knowledge.

Medical Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_