

Hematocrit Test

Patient Information

Name: _____ Date of Birth: _____

Gender: _____ Medical Record Number: _____ Date of Test: _____

Ordering Physician: _____ Clinical Notes/Reason for Test: _____

Sample Collection

Site of Blood Collection:

Needle Size:

Sample Collection Time:

Patient Preparation:

- Fasting
 - Non-fasting
 - Other (Specify): _____
-

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).

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

Clinical Considerations

High Hematocrit Indications:

Low Hematocrit Indications:

Follow-up

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

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: _____