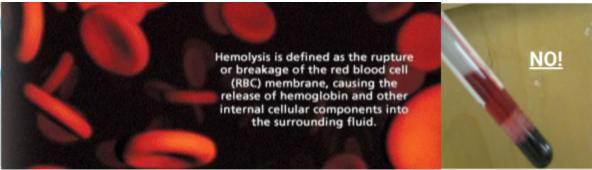


Hemolysis in the Clinical Laboratory





Hemolysis = Rupture of Red Blood Cells = Hemoglobin released = Hemolyzed Sample

Hemolyzed samples cause many issues in the clinical laboratory such as:

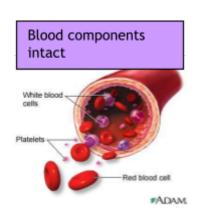
- False elevation of some analytes such as potassium and lactate dehydrogenase
- Color Interference with test methodologies that use spectrophotometry causing inaccurate results
- Increase in turn around time for results due to recollection and processing

What causes hemolysis?

- Traumatic venipuncture
- Small needle size causing increased pressure on the red cells
- Unnecessary pressure on cells when transferring to collection tubes
- Incompatible transfer connector devices
- Tourniquet time too long
- IV Starts
- Skill level of phlebotomist

How to obtain a good sample for testing?

- Limit tourniquet time to 1 minute
- Allow vacuum to pull blood into tubes
- Pull gently when drawing with a syringe from an IV
- Make sure your tubing and needle sizes are compatible
- Use a vacutainer







Hemolysis Chart

Test	Hemolysis	Test	Hemolysis
ALP	1+ Accept 2+ Accept 3+ Accept 4+ Reject	K+	1+ Accept 2+ Reject 3+ Reject 4+ Reject
B12	1+ Accept 2+ Reject 3+ Reject 4+ Reject	LAC	1+ Accept 2+ Reject 3+ Reject 4+ Reject
BTNP	1+ Accept 2+ Accept 3+ Reject 4+ Reject	Mag	1+ Accept 2+ Reject 3+ Reject 4+ Reject
Chol	1+ Accept 2+ Reject 3+ Reject 4+ Reject	Phos	1+ Accept 2+ Reject 3+ Reject 4+ Reject
СК	1+ Accept 2+ Reject 3+ Reject 4+ Reject	TBIL	1+ Accept 2+ Reject 3+ Reject 4+ Reject
СКМВ	1+ Accept 2+ Accept 3+ Reject 4+ Reject	TP	1+ Accept 2+ Reject 3+ Reject 4+ Reject
Folate	1+ Accept 2+ Reject 3+ Reject 4+ Reject	Trig	1+ Accept 2+ Reject 3+ Reject 4+ Reject
FT3	1+ Accept 2+ Reject 3+ Reject 4+ Reject	TRNP	1+ Accept 2+ Reject 3+ Reject 4+ Reject
Hpt	1+ Accept 2+ Reject 3+ Reject 4+ Reject	TRPQ	1+ Accept 2+ Accept 3+ Reject 4+ Reject
IBC	1+ Accept 2+ Reject 3+ Reject 4+ Reject	TSH	1+ Accept 2+ Accept 3+ Reject 4+ Reject
		Uric Acid	1+ Accept 2+ Reject 3+ Reject 4+ Reject