Frequently Asked Questions

ACL Laboratories Specimen Collection Tube Conversion
Greiner Vacuette® to BD Vacutainer®

October 22, 2014

ACL will be transitioning our specimen collection tubes over the next several months from Greiner Vacuette® to BD Vacutainer® which is the gold standard in the industry. Below are Frequently Asked Questions to aid you with this transition and timelines.

Q. Why is ACL converting to BD Vacutainer®?

A. Based on the feedback from our clients we have made the decision to use the BD Vacutainer®.

Q. What is the exact timing of the transition from Greiner to BD?

A. ACL will begin the transition in September, 2014 and we will convert tubes each month. This is to allow for all necessary validation testing.

Q. Where do I get the new BD Vacutainer® tube supplies?

A. You can order supplies in the same manner as today.

Q. Can we use up our Greiner tube supplies?

A. Yes, unless otherwise communicated, please use the remainder of your current Greiner supply inventory. ACL will fulfill orders with the new tubes when our inventory is available.

Q. Can we begin sending specimens in the BD Vacutainer® tubes before ACL has notified us?

A. No, if we have not communicated to begin to using a certain BD tube, please use the Greiner tubes to avoid any specimen rejection issues.

Q. Who do I contact about which tube I should collect?

A. You can visit our on line Directory of Services for all specimen collection information at acllaboratories.com/test-catalog or contact ACL Laboratories Client Services at 1.800.877.7016.

Q. We primarily use the Greiner Red Gel tubes, are these tubes changing?

A. Yes, the Red Gel tube will be replaced at a future date with a Gold top tube containing the gel separator.

Q. What is the appropriate fill volume for the light blue (3.2% sodium citrate) 2.7 mL BD Vacutainer® tube for Coagulation testing?

A. Educational flyers will be distributed to sites prior to the light blue (3.2% sodium citrate) 2.7 mL BD Vacutainer for coagulation testing. These guides will indicate acceptable fill volumes.

Q. Will light blue (3.2% sodium citrate) 2.7 ml BD Vacutainer® be used for all Coagulation testing?

A. No, there are certain tests that require ACL to use the Greiner light blue (3.2% sodium citrate) 2.0 mL and 3.5 mL tubes. Specifically, the Platelet Function Screen (Test Code PFS) and Platelet Aggregation (Test Code PAAG) testing will require the use of the Greiner light blue (3.2% sodium citrate) 3.5 mL tube. Testing for Aspirin Response (Test Code ASARES) and Platelet P2Y12 (Test Code P2Y12) will require the use of the Greiner light blue (3.2% sodium citrate) 2.0 mL tube. Special collection kits have been created and are available through ACL Laboratories Supply Department. There are also special draw requirements for these tests, please refer to the ACL Directory of Service for detailed instructions.

Q. Will the number of tubes collected/drawn for Coagulation testing change?

A. Yes, certain tests will now require you to draw more than one blue top tube for testing. Always refer to the ACL Directory of Services (DOS) for specific collection and transport of coagulation samples. The following Coagulation tests will now require you to draw more than one light blue top tube:

Change in Draw Requirements for Coagulation Testing		
Test Name	**Test Code**	**Collection Updates**
Activated Protein C Resistance	APCRA	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Antithrombin III Activity	AT3A	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Antithrombin III Antigen	ANT3AG	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Coagulation Inhibitor Assay	CIA	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Chromogenic Factor 10 Activity	CHF10	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Dabigatran Assay	DABIG	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Factor II Assay	F2	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Factor IX Activity	FAC9	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Factor IX Inhibitor Assay	F9INH	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Factor V Activity	FAC5	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Factor VII Activity	FAC7	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Factor VIII Activity	FAC8	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Factor VIII Inhibitor Assay	F8INH	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Factor X Activity	FAC10	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Factor XI Activity	FAC11	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Factor XII Activity	FAC12	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Unfractionated Heparin Assay	HEPL	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Low Molecular Weight Heparin Assay	LMWH	Change one to two light blue (3.2% sodium citrate) 2.7 mL

Test Name	Test Code	Collection Updates
Plasminogen Activity	PLG	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Protein C Activity	PRCA	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Protein C Activity, Reflex	PRCAR	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Protein C Antigen	PROTC	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Protein S Activity	PRSA	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Protein S Activity, Reflex	PRSAR	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Protein S Antigen, Free and Total	PRSAG	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Von Willebrand Activity	VWFC	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Von Willebrand Activity, Reflex	VWFCR	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Von Willebrand AG	VWF	Change one to two light blue (3.2% sodium citrate) 2.7 mL
Von Willebrand Monitoring Panel (see DOS for how to order)	COAG1	Change three to four light blue (3.2% sodium citrate) 2.7 mL
Von Willebrand Pre DDAVP Panel (see DOS for special collection requirements)	COAG2	Change three to four light blue (3.2% sodium citrate) 2.7 mL
Von Willebrand Post DDAVP Panel (see DOS for special collection requirements)	COAG3	Change three to four light blue (3.2% sodium citrate) 2.7 mL
Hemostasis Screen (see DOS for special collection requirements)	COAG4	Change three to four light blue (3.2% sodium citrate) 2.7 mL
Thrombosis Panel without Anticoagulant (see DOS for special collection requirements)	COAG5	Change five to seven light blue (3.2% sodium citrate) 2.7 mL
Thrombosis Panel with Anticoagulant (see DOS for special collection requirements)	COAG6	Change five to seven light blue (3.2% sodium citrate) 2.7 mL
Bleeding Panel, DIC or Post Surgery (see DOS for special collection requirements)	COAG7	Change five to seven light blue (3.2% sodium citrate) 2.7 mL

Q. What light blue top tube should I use for difficult/pediatric draws?

A. Use the light blue (3.2% sodium citrate) 2.0 mL Greiner tube with white ring or 1.0 mL Greiner microtainer tube.

Q. Who do I contact about how specimen collection instructions appear in our EMR?

A. For ACL web based portal TEST*Direct*® contact ACL Client Services at 1.800.877.7016. For your client EMR, please contact your EMR vendor.

Q. Are there any changes to centrifugation for the BD Vacutainer® tubes?

A. No, there is no change in centrifugation. You should follow all of your current processes for centrifuging specimen tubes. If you have further questions, please contact ACL Client Services at 1.800.877.7016.

Q. At what temperature should BD Vacutainer® tubes be stored?

A. Unfilled BD Vacutainer® tubes should be stored at room temperature.

Q. What is the proper order of draw for the BD Vacutainer® tubes?

A. There is no change in the order of draw for the BD tubes. For a complete listing you may contact your Business Development representative or Client Services at 1.800.877.7016.

Q. What is the proper number of inversions for the various BD Vacutainer® tubes?

A. An inversion is one complete turn of the wrist, 180 degrees and back. Tubes should be inverted according to the following recommendations:

- Serum Separator Tubes (gel) and serum tubes – 5 inversions
- Additive tubes (EDTA, Heparin, etc.) – 8-10 inversions
- Sodium citrate tubes (light blue top) – 3-4 inversions

Q. How soon after collection should BD Vacutainer® tubes be centrifuged?

A. Gel separation tubes should be inverted 5 times and allowed to clot for 30 minutes before centrifugation. Non-gel tubes should be allowed to clot for 60 minutes before centrifugation. Tubes must be centrifuged within 2 hours of collection.

Q. Can I re-centrifuge BD Vacutainer® tubes?

A. BD does not recommend re-centrifuging gel tubes once the barrier has formed. If re-centrifugation is required, remove an aliquot of the sample and re-centrifuge the aliquot.

Q. Can BD Vacutainer® gel tubes be centrifuged in a refrigerated centrifuge?

A. No, only non-gel tubes may be spun in a refrigerated centrifuge (unless the temperature setting is at 18-24 degree C, which is room temperature).

Q. Can the serum and plasma be frozen on the gel in the original BD SST and PPT tube?

A. It is not recommended to freeze the sample in the primary blood collection tube on the gel barrier. The gel may separate when it is frozen and thawed resulting in red cell contamination.

If you have other questions, please contact ACL Laboratories at 1.800.877.7016 or you may contact Beckton Dickinson Technical Service at 1.800.631.0174.

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10/14 MC 2011