



## Des Moines Laboratory Update

Date: January 17<sup>th</sup>, 2024

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### Removal of Triage D-Dimer/BNP Analyzers and Specimen Update:

The Triage analyzer, which runs D-Dimers & BNP's will be removed from the MercyOne clinics. This decision coincides with the TogetherCare Project and Trinity Health's effort to standardize testing across the clinic lab setting statewide. Starting February 1, 2024, all D-Dimer and BNP testing will be routed to Des Moines. Please be aware of the specimen requirements for the D-Dimer orderable. Most notably, the difference in tube type from EDTA (Purple Tube) to Citrate (Blue Tube).

\*BNP sample requirements remain the same as before.

#### Allscripts:

**Inactive Test:** D Dimer Qualitative

**Orderable Test:** D Dimer Quantitative

#### D Dimer Quantitative Collection:

**Acceptable Collection Tubes:** Blue

**Specimen Volume:** 1.8 mL or 2.7mL

**Processing Instructions:** Draw 2.7 ml in a Blue Top tube (1.8mL in Clear Blue Top). Tubes that are capped and unopened are stable for 24 hours at room temperature. If the specimen is not received in lab within 24 hours, centrifuge at room temp for 15 minutes at 3000G or 5 minutes in a validated StatSpin express, aliquot plasma and freeze.

**Stability:** Plasma: Room Temperature 24 hrs., Refrigerated 24 hrs., Frozen 24 months

Whole Blood: Capped/unspun- Room Temperature 24 hrs.

**Rejection:** Inadequate under-filling or over-filling of the collection device will skew the 9:1 anticoagulant ratio and may lead to inaccurate results. Any tube filled <90% or > 110%

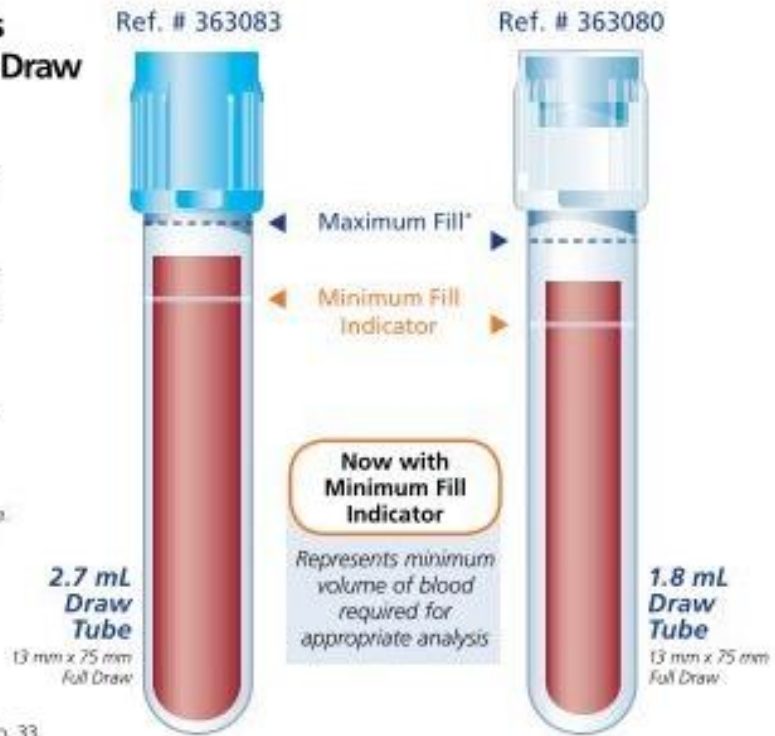
Please reference the MercyOne test catalog and the attached document if you have further questions about the test. [D Dimer Quantitative - Des Moines Laboratory](#)

**BD Vacutainer® Plus Plastic Citrate Tube**

**BD Vacutainer® Plus Plastic Citrate Tube Draw Volume Guide**

Sufficient volume achieved if blood drawn falls above minimum fill indicator. For blood transfer, **do not** fill above illustrated dashed maximum line.

**Note:** The quantity of blood drawn into evacuated tubes varies with altitude, ambient temperature, barometric pressure, tube age, venous pressure and filling technique.



\*According to CLSI guideline, Dec. 2003, Doc. H1-A5, Vol. 23, No. 33.