

**LAB202 Hematocrit, Body Fluid**

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BMC

**Performing Location(s)**

BMC

**Specimen Type**

Body Fluid

**Preferred Container**

Lavender top tube

**Minimum Volume**

1 mL body fluid

**Transportation Needs**

Deliver to the laboratory immediately

**Storage Requirements**

Specimens not delivered to laboratory within 1 hour should be refrigerated

**Causes for Rejection**

Mislabeled or unlabeled specimen

Quantity insufficient

> 2 hours room temperature

> 24 hours refrigerated

**Reference Values**

Population	Reference Range
All populations	< 1 %

**Available STAT**

Yes

**Methodology**

Microhematocrit Centrifuge

**CPT Code**

85013