COLLECTION OF BLOOD SPECIMENS

Blood

a) In suspected cases of malaria, whole blood should be collected (0.5 to 7 mLs) in a lavender top (EDTA anticoagulant) or yellow top (ACD anticoagulant) tube as soon as the diagnosis is suspected. Alternatively malaria smears can be prepared directly from a finger prick blood sample (no anticoagulant) They should be submitted to the laboratory for analysis on an urgent basis. Multiple samples may be required to exclude malaria (one smear collected every 12 hours x 3-4).

b) All filarial infections of man except Onchocerca volvulus and Mansonella streptocerca can be diagnosed by the demonstration of microfilariae in the blood. Filaria infections may often be identified by examination of day and night bloods and/or by special filtration procedures. Occasionally other blood-borne parasites such as leishmaniasis and trypanosomiasis may be identified in peripheral blood. Whole blood specimens (0.5 to 7 mLs) should be collected in a lavender top (EDTA) or yellow top (ACD) tube.

Factors Affecting Samples

Blood samples should be collected in Vacutainer tubes (as above) or may be a blood smears prepared from a finger prick blood sample. A sample in any other form is not suitable and will not be accepted by the laboratory. These specimens should be canceled in the computer with a comment stating the reason why they were not suitable. Blood samples should be kept at 4C if they are not delivered within 12 hours.

Blood samples should be rejected if:

- There is any sign of leakage
- If the tube is broken
- They are incorrectly labeled
- There are not provided in the correct tube (yellow or lavender top)

For samples with evidence of leakage or container damage: wear gloves, place sample in a separate plastic bag to protect subsequent handlers, place in appropriate biohazard disposal container, wash hands and notify supervisor for corrective action.