Core Haematology and Routine Haemostasis User handbook

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1.0	New document based on previously existing versions of site-specific Handbooks: KCH and PRUH	19/12/2025
1.1	Reviewed test list in section 9. Added link for SlaM.	09/03/2026
1.2	Removed link for SlaM. Added information on Turnaround Times and acceptable sample tube size and type. Updated links to the Synnovis website	15/08/2026
1.3	Updated to reflect current accreditation status	06/11/2026

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1. Introduction

1.1. Purpose and Scope

Synnovis is a partnership between SYNLAB UK & Ireland, Guy's and St Thomas' NHS Foundation Trust, and King's College Hospital NHS Foundation Trust. Our organisation brings together the very best in clinical, scientific and operational expertise, and displays in action the core values at the heart of our brand: science for life, collaboration for the benefit of everyone, and innovation and quality.

Synnovis provides services to the NHS, clinical users and other service users. We are proud to work in collaboration with our excellent partners across our sites.

Using innovation and quality to deliver pioneering pathology services is a way of life for us. We have an open and innovative mindset which drives the quality of both our services and the care provided by our clinical service users.

As well as delivering pathology services and in line with the NHS's own clinical vision and strategy, Synnovis is responsible for transforming existing hospital-based laboratory and diagnostic services into an integrated 'hub and spoke' pathology network for Southeast London.

This handbook is to inform and assist Users of the services provided by the laboratories of Haematological Sciences - Synnovis.

The Pathology Department is committed to providing a clinical diagnostic service of the highest quality standard for its users, taking into account their needs and requirements.

This Handbook includes information on:

- Contact details for key staff
- Service levels and hours of operation
- Location of services
- Types of investigation offered
- Types of specimens required and collection conditions.
- Instructions for collecting specimens with a particular emphasis on safety and maintenance of sample validity

Should any service user have any queries in connection with any aspect of the pathology wide service, initial contact must be made with Synnovis Customer Service team, via email or telephone:

- Email: customerservices@synnovis.co.uk
- Telephone: 020 4513 7300.

More information about Synnovis and the services offered can be found on the Synnovis website: https://synlab.co.uk/synnovis/

2. Haematology laboratories

2.1. Haematology laboratories and locations:

Synnovis offers a range of Haematology tests across each one of its laboratories: Hub and Essential Service Laboratories (ESL's).

These laboratories provide a 24-hour diagnostic and advisory service to the Trust clinical staff and the patients in their care.

The qualified health professionals (Biomedical Scientists) employed in the department are registered with the Health Professions Council (HCPC) meeting the standards for their respective training, professional skills, behaviour and health.

Clinical advice and interpretation of results is available during the laboratory routine opening hours, as well as out-of-hours. Contact details and specific information on access to clinical advice out-of-hours are listed throughout this document.

2.1.1. General information and Clinical Advisory Services

The Haematology laboratories at Synnovis offer a 24/7 service. The normal laboratory opening times are:

- Monday - Friday: 09:00 – 17:30

The out of hours service runs outside of the routine lab hours listed above. At least one Biomedical Scientist (BMS) is on site at all times and can be contacted via the switchboard on each site.

Clinical advice out of hours can be obtained from the Haematology Registrars, who can be contacted through the Hospital switchboard for each site.

Information on contact numbers is available below.

Laboratory site:	**Postal Address:**	**Clinical advice**
ESL - Denmark Hill site of King's College Hospital	Department of Haematological Medicine Administration Office Ground Floor Bessemer Wing Kings College Hospital NHS Foundation Trust Denmark Hill London SE5 9RS	**Switchboard: 020 3299 9000.** For Out of Hours Clinical Advice: Haematology Registrar is contactable via the main switch board number above.
ESL – St. Thomas's Hospital	Department of Haematological Sciences, Blood Sciences Laboratory, Synnovis Analytics 5th Floor North Wing St. Thomas' Hospital Westminster Bridge Road, London, SE1 7EH	**Switchboard: 020 7188 7188** For Out of Hours Clinical Advice: Haematology Registrar is contactable via the main switch board number above.
ESL - Guy's Hospital	Department of Haematological Sciences, Blood Sciences Laboratory, Synnovis Analytics 4th Floor Southwark Wing	**Switchboard: 020 7188 7188** For Out of Hours Clinical Advice:

	Guy's Hospital Great Maze Pond, London, SE1 9RT	Haematology Registrar is contactable via the main switch board number above
ESL - The Royal Brompton	Haematological Sciences, Blood Sciences Laboratory, Synnovis Analytics Ground Floor Sydney Street, London SW3 6NP	**Switchboard: 020 7352 8121** For Out of Hours Clinical Advice: Haematology Registrar is contactable via the main switch board number above
ESL - Harefield Hospital	Haematological Sciences, Blood Sciences Laboratory, Synnovis Analytics Hill End Road, Uxbridge UB9 6JH	**Switchboard: 020 7352 8121** For Out of Hours Clinical Advice: Haematology Registrar is contactable via the main switch board number above
ESL – Princess Royal University Hospital (PRUH)	Haematological Sciences, Blood Sciences Laboratory, Synnovis Analytics Farnborough Common, Orpington BR6 8ND	**Switchboard: 01689 863000** For clinical advice please Routine Hours – contact Haematology secretaries on Ext: 64265, For Out of Hours Clinical Advice: contact on-call Haematology clinician via switchboard
The Hub at Friars Bridge Court	Haematological Sciences, Blood Sciences Laboratory Synnovis Analytics Floor 2, Friars Bridge Court 41/45 Blackfriars Road London SE1 8NZ	Customer services: **020 4513 7300; Mon-Fri: 08:00-18:00** **Please note:** for clinical advice contact the corresponding Hospital Site for your catchment area.

3. Pathology Statement of Purpose

The Statement of Purpose for Synnovis Pathology laboratories is available on the Synnovis website:

https://synlab.co.uk/quality/ - Read our Statement of Purpose here.

4. Laboratory Services

4.1. Use of the Laboratory Services

4.1.1. Action points for proper use of laboratory service

Where there is inadequate patient identification, poor request form completion and/ or sample labelling there is the potential for results being issued for the wrong patient.

As a result, the Pathology laboratory has set out specific instructions; acceptance and rejection criteria, on the requirement for labelling both specimens and request forms electronic & paper, EPIC/Beaker LIMS in secondary care and GP tQuest ordering in primary care.

The criteria for acceptance reduces the number of tests and investigations, which would otherwise not get back to the correct patients records, with potentially fatal consequences.

The laboratory stipulates that the correct and accurate completion of patient details on specimen containers and e-requests/forms is essential to achieve a quality pathology service.

There is a professional responsibility to ensure there is positive patient identification to provide safe and effective patient care.

Patient identification data must be confirmed verbally with the patient i.e. surname, forename name and date of birth. It is accepted that there are very rare and exceptional circumstances where this cannot be achieved.

Further information on the use of laboratory services, including request, transport and sample special requirements can be found in the Synnovis website:

https://synlab.co.uk/synnovis/

4.1.2. Patient Identification and Specimen Labelling

Either an electronic-based or a paper-based request form must accompany all specimens sent to the laboratory.

It should clearly state the following information:

Please note: those in bold are a minimum requirement and without them the sample could be discarded or delayed:

- **Patient name**
- Hospital number/NHS number
- **Date of birth (age if DOB not known)**
- Sex
- **Ward or Address for report**
- Requesting Medical Officer/GP name and number
- Date and time specimen taken
- **Tests required**
- Other useful data:
- Contact number for requesting clinician
- Patient address
- All relevant clinical details.

It is the responsibility of the person collecting the sample to ensure it is correctly labelled.

Under no circumstances is it possible to change the details once the sample has been sent to the laboratory.

4.1.3. Recommended Sample types

EDTA Sample collection tube

Please collect Full Blood Count (FBC) and Coagulation samples in the following tubes to ensure compatibility with laboratory instruments.

Tubes for FBC samples

Adult:

- VACUETTE 2mL K2EDTA, PREMIUM screw cap tube 13x75mm, purple cap/white ring, sterile (Ref: 454024)

Paediatric:

- 1.3 mL Paediatric Blood Tube K3 EDTA (Ref: 459036)



Dimensions: 13x75mm Fill volume: 3.5mL



Dimensions: 13x75mm Fill volume: 2mL



Dimensions: 15.35x46mm Fill volume: 0.5mL



Dimensions: 7x18mm Fill volume: 1.3mL

Tubes for Coagulation samples:

Please note: all samples for coagulation testing MUST be filled to the marker on the collection bottle

Adult:

- VACUETTE® TUBE 3.5ml Na Cit 3.2% - 13x75mm
- VACUETTE® TUBE 2 ml 9NC Coagulation sodium citrate 3.2% 13x75mm blue cap-white ring

Paediatric:

- Trisodium citrate 3.2%



All serum tubes (yellow top) should be 13 x 75 mm or 13 x 100mm if possible.

4.1.4. Sample rejection:

The laboratory will always take steps to avoid sample rejection. This is done on a risk based approach, depending on multiple factors, including sample repeatability and criticality.

Specimens are accepted only when they are correctly labelled and collected as per instructions provided within this Guide and other related policies to ensure validity of the results.

Patient safety will be upheld at all times.

The following will be rejected:

- Unlabelled specimens
- Inadequate patient information
- Mismatched samples and forms
- Grossly leaking specimens

The Haematology department will strictly enforce this policy. The requested tests will NOT be performed on any samples where there is any discrepancy with patient identification.

Samples for coagulation testing (blue top citrate tube) must be filled to the marker indicated on the collection tube.

4.1.5. Urgent Requests

All requests that meet the requirements to be processed as urgent from the Emergency Department (ED) locations are managed as urgent with a target turn-around time of 1 hour from time received in laboratory.

Agreements are in place for Inpatient and urgent Outpatient locations for their urgent samples to be processed on site at the ESL's in order to meet agreed turn-around times.

Results will not be telephoned unless this has been agreed or the results meet the critical telephoning criteria. Urgent samples do not automatically grant communication of results from the laboratory. For more information on telephoning results, refer to section 5.2.

4.1.6. Routine requests

For specific information on turnaround time for routine tests, please see Appendix 1 or contact the Synnovis Customer Services team: **020 4513 7300, or via email:** customerservices@synnovis.co.uk.

4.1.7. Add on tests.

Add-on for tests are accepted within specified timeframes according to sample stability.

Add on tests can be requested directly via EPIC beaker for Trust Site Users, or via Synnovis Customer services team: 020 4513 7300

Customer Service opening hours are: Monday - Friday 08:00 - 18:00

4.2. Transportation of Specimens

Samples must be delivered to the department in a way to protect the integrity of the sample. Samples must not be exposed to extreme temperature or prolonged transport.

If samples are in danger of being exposed to conditions where sample integrity can be compromised, please contact the laboratory to discuss the most appropriate method of transport.

When receiving samples from an external institution or laboratory, it is the responsibility of the sender to ensure that the samples are packed in accordance with the current postal regulations, contain appropriate paperwork and are labelled correctly. Courier / taxi / suitable transport should be arranged by the sending institution or external laboratory.

4.2.1. All pathological samples must have:

Primary receptacle

Primary receptacle - a primary watertight leak-proof receptacle containing the specimen. The receptacle must be packaged with enough absorbent material to absorb all fluid in case of breakage.

Secondary packaging

Secondary packaging - a second durable, watertight, leak-proof packaging to enclose and protect the primary receptacle(s) i.e. the specimen bag

All samples must be placed in individual plastic ‘kangaroo’ type sample bags to avoid cross contamination. Any documentation e.g. request forms are to be placed in the separate pocket on the outside of the bag.

Bags must not be sealed using staples, pins or paperclips.

Several cushioned primary receptacles may be placed in one secondary packaging, but sufficient additional absorbent material shall be used to absorb all fluid in case of breakage.

Outer packaging

The secondary packaging is placed in outer shipping packaging with suitable cushioning material. Outer packaging protects contents from outside influences, such as physical damage, while in transit.

For postal specimens this will be a UN3373 box

For cross-site or GP transport this will be a Daniels box

Any specimens that are received leaking or in a dangerous condition will not be processed but will be discarded. In this event the clinician will be informed via a report generated electronically on the pathology computer system.

Transport of specimens by road

The transport of most specimens from the General Practitioner’s surgeries or outreach clinics to the hospital laboratory is provided by designated Courier service providers who will be familiar with their responsibilities.

If for any reason, pathological samples have to be transported via a contracted transport supplier, the following guidelines must be adhered to,

The box must not be transported in the same compartment as passengers – but must be placed in the boot of any vehicle or the rear compartment of any van used and firmly secured.

Mail must not be transported in the same carrier box as specimens.

The container must be secured using appropriate means whilst being transported in the vehicle.

Specimens must be transported in a secure transport box with a fastened leak proof lid. (Compliant with IATA Packaging Instruction 650 or 621 and UN3373 or UN3291)

It is the responsibility of those sending specimens from locations within the Trust but outside the laboratory site that the correct procedures are observed and that they obtain and utilise the approved and correctly labelled transport boxes.

Each box must display a biohazard warning sign and must also state that the box must not be tampered with or opened and a telephone contact number included for emergency purposes.

Carriage of pathological specimens between hospitals and/ or GP clinics and the hospital by road comes under the remit of 'The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009, as amended (CDG Regs)' – ADR regulations.

Contact Synnovis customer services via: customerservices@synnovis.co.uk

Internal Transportation by Pneumatic Tube system

On Essential Service Laboratories, some specimens are delivered directly to the pathology reception by porters, phlebotomists, doctors and nursing staff or sent by the preferred means of transport using the pneumatic tube system.

The Pneumatic Tube System (an air tube system) propels cylindrical containers (transport PODs) through a tube by compressed air or by partial vacuum. There are POD stations in various locations across the different Hospital sites that use it.

Before transporting specimens in the Air Tube senders must ensure that the container lids are properly fastened and the samples are placed in specimen bags.

- Items must first be placed inside a pneumatic tube carrier before being sent in the system.
- All samples must be placed in individual plastic 'kangaroo' type sample bags to avoid cross contamination. **(Primary receptacle),** before being placed into the carrier (transport POD)
- Where there are paper request forms, these must not be placed in the bag with the sample. Place forms into the separate pocket on the outside of the bag.
- If the specimen has to be forced to fit inside a carrier, it is too large and must be either repackaged or delivered to the laboratory by hand.
- Items within the carrier will move around during their journey. In order to prevent breakages, the contents must be protected with absorbent wadding such as paper towels.
- It is important to note that the pods are not leak proof.

It is the senders' responsibility to ensure:

- The specimen is correctly labelled and packaged and accompanied by the relevant paperwork (where relevant).
- **All items entered into the air tube system MUST be in a pod.**
- The ends of the pod are properly latched
- The pod is sent to the correct destination address

PROHIBITED SAMPLES - The air-tube system must **NEVER** be used for the following samples:-
a. Histology samples of any kind, especially in formalin b. 24-hour urine collections c. Non-repeatable fluid samples d. CSF samples e. Blood cultures f. Lower respiratory tract samples e.g. sputum and bronchial washings g. Blood-gas samples in syringes or capillary tubes h. Any samples from patients suffering from CJD, viral haemorrhagic fevers or Hazard Group 4 pathogens* i. Any Pharmacy items j. Empty blood transfusion bags

**Approved List of Biological Agents, Advisory Committee on Dangerous Pathogens HSE (2013)*

5. Results

5.1. Reporting results

Where references ranges are applicable for results, they will be published on the report with the test result.

Where examinations/ investigations are referred, this will be annotated on the report and further details on referral laboratories are available on request.

IT IS THE RESPONSIBILITY OF THE CLINICIAN REQUESTING THE TEST TO ENSURE THAT THE RESULT WILL BE VIEWED AND ACTED UPON APPROPRIATELY

Once investigations are complete and the results authorised,

- Internally, where the request has been generated in a secondary care setting, the LIMS is interfaced with EPIC and electronic reports are issued when complete and authorised and will be available for review.
- Where the request has been made in the primary care setting, using tQuest or not, the report will be electronically delivered to the GP EMIS system. As results are authorised, they queue ready for the next result launch which happens at 15 minute intervals.

For those surgeries or external requesters that receive results in hard copy, reports are printed and posted daily.

For additional information on turnaround time for each test, please see Appendix 1 or contact the Synnovis Customer Services team: **020 4513 7300, or via email:** customerservices@synnovis.co.uk.

5.2. Telephoning results

Results will only be telephoned through to the clinician or clinical area in circumstances where the results meet the critical telephoning criteria and urgent clinical intervention may be required.

Where results are critical for primary care patients, in surgery hours these will be communicated to the requesting GP.

Outside surgery hours the results will be communicated to the - Out of Hours provider contactable via the NHS 111 service.

5.3. Haematology Critical Phoning Limits

The criteria for critical phoning results are based on the recommendations of the Royal College of Pathologists and these are available on the website link below, under the header “Hub Testing arrangements (including phoning limits)”:

https://synlab.co.uk/synnovis/

5.4. Repertoire

Refer to Appendix 1 Haematology Test Repertoire – at the end of this document. Contact laboratory if further information required.

5.5. Interferences affecting performance or interpretation of Haematology tests

Samples may be rejected by the Laboratory for the following reasons as the integrity of the specimen; the reliability of the testing process or the interpretation of results could be affected:

5.5.1. Full Blood Count

- Clots present in the sample
- Sample is more than 24 hours old
- Excessive Lipaemia
- Excessive Haemolysis
- Exposure to heat or warmth for prolonged periods

5.5.2. Clotting samples

- Clotted samples or presence of small fibrin clots
- Samples >4hrs old (Potential for factor deterioration)
- Lipaemia
- Haemolysis
- Exposure to heat or warmth for prolonged periods
- Under filled (sample over diluted by anticoagulant) or overfilled samples

5.6. Validity of results

Quality assurance programmes are in operation to ensure satisfactory accuracy and precision of all tests. Even so, random errors can occur and may escape detection in the

laboratory. Often the Clinician is well placed to detect such errors and is responsible for following up any discrepant results.

Please contact the Synnovis Customer Services team: **020 4513 7300, or via email:** customerservices@synnovis.co.uk.

Customer Service opening hours are: Monday - Friday 08:00 - 18:00. For urgent clinical advice during out-of-hours, please contact Haematology Registrars, as per information 1.2.1 of this document.

5.7. Interpretation of results

Although reports are checked for clinical feasibility before results are released for reporting and because not all the clinical information is always available, the requesting clinician has to take the ultimate responsibility for the interpretation of the report. Many factors can influence a Pathology result, and these all need to be considered in context.

5.8. Actions taken by the Clinician – not dictated by the Laboratory

The actions to be taken by clinicians will vary depending on the severity of the result. Escalation of results will also be dependent on the requesting source. If requested by a hospital clinician they may escalate the result to their consultant if required or act on the result as part of the treatment plan and/or inform the patient's GP. The timescale for action will also depend on the severity of the result; a very abnormal result could be life threatening therefore action needs to be immediate. Actions taken by the clinician or GP will be documented within the patients' health records.

6. Risk Management, incident investigation and service improvement

The pathology department investigates any relevant incidents reported to them irrelevant of the source.

The Trusts Hospitals use InPhase and RADAR - electronic incident reporting systems.

Primary Care users report suspected incidents involving Pathology via the 'GP Alert system' for each Hospital Trust or directly to Synnovis via query to the Customer services team.

7. Research

Please refer to www.synnovis.co.uk for information.

8. Appendix 1 – Core Haematology and Routine Haemostasis test Repertoire

(general guidance on sample volume and any special requirements)

All sample requirements are displayed on Epic & tQuest sample labels. All special requirements are available via the Procedure catalogue in Epic. Please note that tests below are either performed on site or referred internally to the appropriate laboratory.

Test	Additional Test Information	Sample type	Minimum Sample	Turnaround Time
Full Blood Count	Any patient suspected to have cold agglutinins must have their sample kept at 37°C and brought directly to the Laboratory immediately.	EDTA	1 x 4mL	6 hours
Reticulocytes	Any patient suspected to have cold agglutinins must have their sample kept at 37°C and brought directly to the Laboratory immediately.	EDTA	1 x 4mL	6 hours
Blood Film	Please note: every blood film requires a Full Blood Count test for interpretation. Manual White Blood Cell differential counts will be performed on samples which meet the defined criteria Any patient suspected to have cold agglutinins must have their sample kept at 37°C and brought directly to the Laboratory immediately.	EDTA	1 x 4mL	24 hours
CPLT – Citrated Platelet Count	GSTT, KCH, RBH, HH and Hub only.	Tri-sodium citrate/blue top tube	1 x 3mL	24 hours
ESR	Please note, minimum sample volume is 2mL.	EDTA	1 x 2mL	6 hours
Malaria Screen	Sample preferably taken at height of fever. Must state travel history, symptoms & any therapy when requesting this test. Analysed in Blood Sciences Laboratory- Haematology.	EDTA	1 x 4mL	6 hours 18 hours for GP requests

Test	Additional Test Information	Sample type	Minimum Sample	Turnaround Time
	NOTE: All first-time positive malaria results also referred to Malaria Reference Laboratory in London for confirmation.			
Plasma Viscosity	Please note, EDTA samples must reach the lab within 24h post collection.	EDTA Plasma	1 x 2mL	72 hours
Bone Marrow Aspirate	GSTT only. For internal requests only.	Bone Marrow Aspirate	N/A	7 days
CSF Cytospin	GSTT only. For internal requests only.	CSF	N/A	24 hours
Vacuolated Lymphocytes	Please note: Samples referred to GOSH for testing and reporting.	EDTA	1 x 2mL	4 weeks
Urinary Haemosiderin	GSTT and RBH only.	Urine	1 x 2mL	7 days
Sezary Like cells	GSTT only. For internal requests only.	EDTA	1 x 2mL	30 days
Fetal Haemoglobin	KCH only. For internal requests only	EDTA	1 x 2mL	24 hours
Anti-Xa (Unfractionated Heparin)	Adequately filled sample sent to lab within four hours of clean venepuncture. Clots of any size, haemolysis, underfilling or overfilling will affect result. Such samples will be rejected.	Tri-sodium citrate/blue top tube	1 x 3mL	24 hours
Anti-Xa (Enoxaparin)	Adequately filled sample sent to lab within four hours of clean venepuncture. Clots of any size, haemolysis, underfilling or overfilling will affect result. Such samples will be rejected.	Tri-sodium citrate/blue top tube	1 x 3mL	24 hours
Anti-Xa (Tinzaparin)				24 hours
Anti-Xa (Dalteparin)				24 hours
Anti-Xa (Rivaroxaban)	Adequately filled sample sent to lab within four hours of clean venepuncture. Clots of any size, haemolysis, underfilling or overfilling will affect result. Such samples will be rejected.	Tri-sodium citrate/blue top tube	1 x 3mL	24 hours (urgent requests only)
Anti-Xa (Apixaban)				
Anti-Xa (Edoxaban)				

Test	Additional Test Information	Sample type	Minimum Sample	Turnaround Time
Antithrombin Activity	Adequately filled sample sent to lab within four hours of clean venepuncture. Clots of any size, haemolysis, underfilling or overfilling will affect result. Such samples will be rejected.	Tri-sodium citrate/blue top tube	1 x 3mL	24 hours
Clauss Fibrinogen	Adequately filled sample sent to lab within four hours of clean venepuncture. Clots of any size, haemolysis, underfilling or overfilling will affect result. Such samples will be rejected.	Tri-sodium citrate/blue top tube	1 x 3mL	24 hours
COAGULATION SCREEN PT/INR aPTT/aPTT ratio	Adequately filled sample sent to lab within four hours of clean venepuncture. Clots of any size, haemolysis, underfilling or overfilling will affect result. Such samples will be rejected.	Tri-sodium citrate/blue top tube	1 x 3mL	6 hours
Correction Studies PT and aPTT 50:50 Mixing studies	Adequately filled sample sent to lab within four hours of clean venepuncture. Clots of any size, haemolysis, underfilling or overfilling will affect result. Such samples will be rejected.	Tri-sodium citrate/blue top tube	1 x 3mL	6 hours
D-Dimer	Adequately filled sample sent to lab within four hours of clean venepuncture. Clots of any size, haemolysis, underfilling or overfilling will affect result. Such samples will be rejected.	Tri-sodium citrate/blue top tube	1 x 3mL	6 hours
FVIII FIX FXI	Adequately filled sample sent to lab within four hours of clean venepuncture. Clots of any size, haemolysis, underfilling or overfilling will affect result. Such samples will be rejected.	Tri-sodium citrate/blue top tube	1 x 3mL	24 hours (urgent requests only)
INR (Warfarin)	Adequately filled sample sent to lab within four hours of clean venepuncture. Clots of any size, haemolysis, underfilling or overfilling will affect result. Such samples will be rejected.	Tri-sodium citrate/blue top tube	1 x 3mL	6 hours

Test	Additional Test Information	Sample type	Minimum Sample	Turnaround Time
Thrombin Time	Adequately filled sample sent to lab within four hours of clean venepuncture. Clots of any size, haemolysis, underfilling or overfilling will affect result. Such samples will be rejected.	Tri-sodium citrate/blue top tube	1 x 3mL	6 hours

The full repertoire of tests provided by the Synnovis organisation including Infection Sciences and Tissue Sciences departments can be reviewed via the Synnovis website, or specific handbooks for each department.