

Blood Gas, Venous (VBG)

Order Name: **VBG**
Revision Date: 10/02/2019

TEST NAME	METHODOLOGY	LOINC CODE
Blood Gas, Venous (VBG)		

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	0.6 mL (0.1 mL)	Whole Blood	Syringe containing heparin or lithium heparin	
Instructions	<p>COLLECTION:</p> <ul style="list-style-type: none">Draw venous blood in ABG syringe (syringe containing heparin or lithium heparin).Always use the recommended fill volumes for the sample devices.Specimen should arrive in laboratory immediately after draw. <p>Note: Label specimen with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number, date and time of draw, collector initials, and test(s) being ordered.</p> <p>TRANSPORT:</p> <ul style="list-style-type: none">Room Temp if <30 MinutesOn Ice if >30 Minutes <p>STABILITY:</p> <ul style="list-style-type: none">Transport samples at room temperature if to the lab within 30 minutes of collection.Samples should be transported on ice if >30 minutes.			
Reference Range	An interpretive report will be provided.			
Methodology	<p>pH - Hydrogen ion selective biosensor</p> <p>PCO2 - Electrochemical</p> <p>PO2 - O2 permeable membrane and generation of current of electrode surface using amperometric biosensor</p> <p>O2HB - Spectrometric</p> <p>CoHb - Spectrometric</p> <p>MetHb - Spectrometric</p> <p>HHb - Spectrometric</p>			

GENERAL INFORMATION	
Testing Schedule	Daily
Expected TAT	1 Hour
Stat TAT	30 Minutes
CPT Code(s)	82805
Lab Section	NRLS-Core Chemistry