



Specimen Collection and Transportation Information

Test Name	Mnemonic	Section	Specimen Type
Bleeding Time	BT	Coagulation	NA

- **Preparation of the Patient:** NA
- **Type of Collection Container:** NA
- **Types and Amounts of Preservatives or Anticoagulants:** NA
- **Quantity of Specimen to be collected:** NA
 - **Minimum Quantity:** NA
- **Transportation Temperature:** NA
- **Need for Special Timing for Collection (where applicable):** In the presence of doctor/resident. Sample is not collected at collection point
- **Specimen Stability Information:** NA
- **Special Instruction:** Not Required
- **Rejection Criteria:** NA
- **Need for Appropriate Clinical Data, When Indicated (Patient history):** Not Required

Methodology	Reporting Scheme	Day Performed	Cut Off Time Main Lab	Cut Off Time Karachi Points	Cut Off Time Out of Karachi Points
Manual (IVY method)	Daily	Daily	12:01am	Sample is not collected at collection point	Sample is not collected at collection point