**Observer Name: Date:**

**Tube Score Checklist**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject Name** | **Age** | **Barcode Number** | **Blood Collection Time** | **Tube Code** | **Clotting Time (minute)** | **Serum Yield (mL)** | **Gel Barrier (Use only 0 or 1)** | **Fibrin**  **(Use only 0 or 1)** | **Hemolysis**  **(Use only 0 or 1)** | **Lipemia**  **(Use only 0 or 1)** | **Icterus**  **(Use only 0 or 1)** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| 0=Negative |
| 1=Positive |