11. Once sufficient blood has been collected, release the tourniquet BEFORE withdrawing the needle.

12. Withdraw the needle gently
- give the patient a clean gauze or dry cotton-wool ball to press gently on the site.
- Ask the patient NOT to bend the arm.

13. Discard the used needle and syringe or blood-sampling device immediately into the sharps container.

14. Check the label and forms for accuracy.

15. Place items that can drip blood or body fluids into the infectious waste.

16. Remove gloves and place them in the general waste.
- Perform hand hygiene.

Filling tubes
1. If the tube does not have a rubber stopper, press the plunger in slowly to reduce haemolysis (this is safer than removing the needle).
2. Place the stopper in the tube.
3. Following laboratory instructions, invert the sample gently to mix the additives with the blood before dispatch.

WHO guidelines on drawing blood: Best practices in phlebotomy
1. **Assemble equipment**
   - Include needle and syringe or vacuum tube, depending on which is to be used.

2. **Perform hand hygiene.**

3. **Identify and prepare the patient.**
   - Ask the patient to state his full name.

4. **Select the site (preferably at the bend of the elbow).**
   - Palpate the area; locate a vein of a good size that is visible, straight and clear.
   - The vein should be visible without applying the tourniquet.

5. **Apply a tourniquet**
   - 4–5 finger widths above the selected site.

6. **Ask the patient**
   - To form a fist so that the veins are more prominent.

7. **Put on well-fitting, non-sterile gloves.**

8. **Disinfect the site.**
   - Use 70% isopropyl alcohol and allow to dry.
   - Do not touch the site once disinfected.

9. **Anchor the vein**
   - By holding the patient’s arm and placing a thumb below the venepuncture site.
   - Do not touch the cleaned site; in particular, do not place a finger over the vein to guide the needle.

10. **Perform venepuncture**
    - Enter the vein swiftly at a 30 degree angle.

*For hospitalized patients*

- Do not take blood from an existing peripheral venous access site because this may give false results.
- Nursing staff and physicians may access central venous lines for specimens following protocols.
- It is acceptable, but not ideal, to draw blood specimens when first introducing an in-dwelling venous device, before connecting the cannula to the IV fluids.