

To make your
workflow excellent.

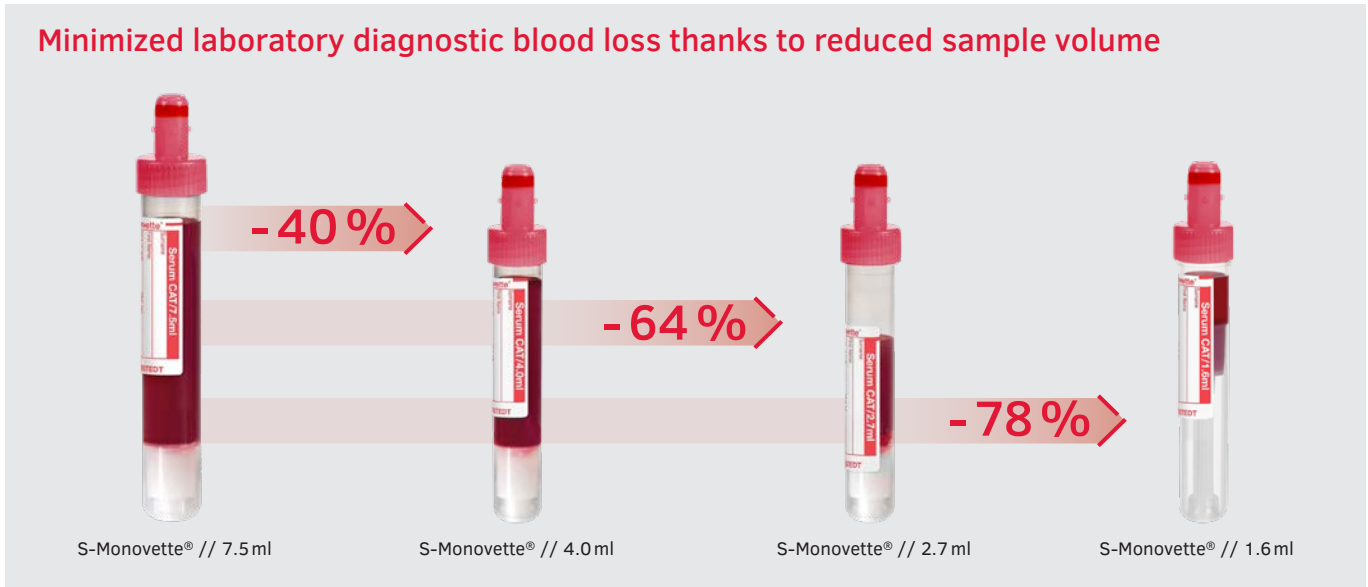


Focus on people.

Small volume, big impact




Minimized laboratory diagnostic blood loss thanks to reduced sample volume




Order overview


Serum CAT

Preparation	Nominal volume	Length without/with cap x Ø	Cap color	Packaging (SP/IB/OC)	Order no. with transparent label	Order no. with colored paper label
 Serum CAT/1.6ml	2.7 ml	75/91 x 13 mm	■	50 / 50 / 500		04.1943.100


Lithium heparin LH

Preparation	Nominal volume	Length without/with cap x Ø	Cap color	Packaging (SP/IB/OC)	Order no. with transparent label	Order no. with colored paper label
 LH Heparin LH/2.7ml	2.7 ml	75/91 x 13 mm	■	50 / 50 / 500		04.1929.100


Citrate 9NC, 3.2%

Preparation	Nominal volume	Length without/with cap x Ø	Cap color	Packaging (SP/IB/OC)	Order no. with transparent label	Order no. with colored paper label
 Citrate 9NC/1.8ml	1.8 ml	75/91 x 13 mm	■	50 / 50 / 500		04.1955.100

K3 EDTA

Preparation	Nominal volume	Length without/with cap x Ø	Cap color	Packaging (SP/IB/OC)	Order no. with transparent label	Order no. with colored paper label
 EDTA K3/1.6ml	1.6 ml	66/82 x 11 mm	■	50 / 50 / 500		05.1081.100
	1.6 ml	75/91 x 13 mm	■	50 / 50 / 500		04.1956.100
	1.8 ml	65/81 x 13 mm	■	50 / 50 / 500		04.1951.100

Blood gas

Preparation	Nominal volume	Length without/with cap x Ø	Cap color	Packaging (SP/IB/OC)	Order no. with transparent label	Order no. with colored paper label
 Blood Gas Ca ⁺⁺ LH/1.0ml	1.0 ml	66 x 11 mm	■	50 / 50 / 500	05.1146*	

* also available individually wrapped and sterile

Because less is more

Minimize blood loss in laboratory diagnostics



Patient Blood Management (PBM) is a multi-faceted and interdisciplinary treatment concept for improving patient care. The aim is to handle the patient's blood with the greatest possible care, so that the patient's exposure to allogeneic blood or allogeneic blood products in the event of anaemia is kept as low as possible. In this way, the development of hospital-acquired anaemia should be reduced to a minimum or prevented.

Intensive care patients, cardiac surgery patients, patients with coagulation disorders and those on long-term ventilation and undergoing multiple procedures are particularly affected. In these cases, laboratory diagnostic blood losses due to frequent blood sampling are particularly high. Seriously ill patients lose an average of 40–70 ml of blood/day^{1,2} and an average of 300–500 ml during a 7-day hospital stay³.

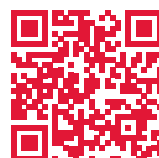
Potential for percentage savings on disposal costs with small-volume S-Monovettes using the example of a representative typical university hospital in Germany:

With 100,000 blood samples per year using conventional S-Monovettes and a standard requirement profile (clinical chemistry/immunology/hematology/coagulation), this produces 2,710 kg of S-Monovettes and blood for disposal that remains after analysis.

Using the small-volume S-Monovette® under the same conditions results in a weight of 1,535 kg for disposal, which corresponds to a reduction of 1,175 kg or 40%, thereby leading to significantly lower disposal costs and less environmental pollution.

We will be happy to provide you with a customized calculation.

- 1 Chant et al. Anemia, transfusion, and phlebotomy practices in critically ill patients with prolonged ICU length of stay: a cohort study. *Crit Care* 10(5): R140, 2006.
- 2 Vincent et al. Anemia and blood transfusion in critically ill patients. *JAMA* 288(12): 1499-1507, 2002.
- 3 Salisbury, et al. Diagnostic blood loss from phlebotomy and hospital-acquired anemia during acute myocardial infarction. *Arch Intern Med.* 171 (18), 2011.



Information on patient blood management can be found here: patientbloodmanagement.de/en/

Developed for optimum patient care

The small-volume S-Monovette®

A solution for the concept of Patient Blood Management

Lower incidence of hospital-acquired anemia
The reduced laboratory-diagnostic blood loss prevents hospital-acquired anemia. Stress for the patient is lower.

Fewer transfusions
The need for blood products and the associated costs can be reduced. Conscious handling of blood products is supported.

Fewer transfusion complications
Minimizing transfusions reduces the risk of transfusion complications. Patient safety is improved.

Less waste
The lower waste weight (residual blood volume and plastic use) is more sustainable and saves disposal costs.



A solution for pediatric samples

More time for the essentials
The use of automation-ready containers simplifies laboratory processes and eliminates manual steps. This frees up time for other work in the lab.

Improved patient safety
Closed blood collection with primary containers ensures good sample quality and eliminates the risk of sample mix-ups.

Safe sampling
Optimum and direct blood flow ensures rapid and gentle filling.



Information on first-class patient care can be found here:
<https://s-monovette.sarstedt.com/en/patient-care/>

Patient safety in focus

Especially for our little ones



The small-volume S-Monovette® is perfect for the smallest patients. It can be used to collect small volumes straight from the vein without a transfer step. The aspiration technique and the special design of this S-Monovette® with a “false bottom” ensure simple and direct filling.

The elderly as well as critically ill and chronically ill patients also have fragile veins that are very easily damaged. The S-Monovette® with its gentle aspiration technique offers the perfect solution.

For these sensitive patient groups, the elimination of manual laboratory steps enables an even faster diagnosis.

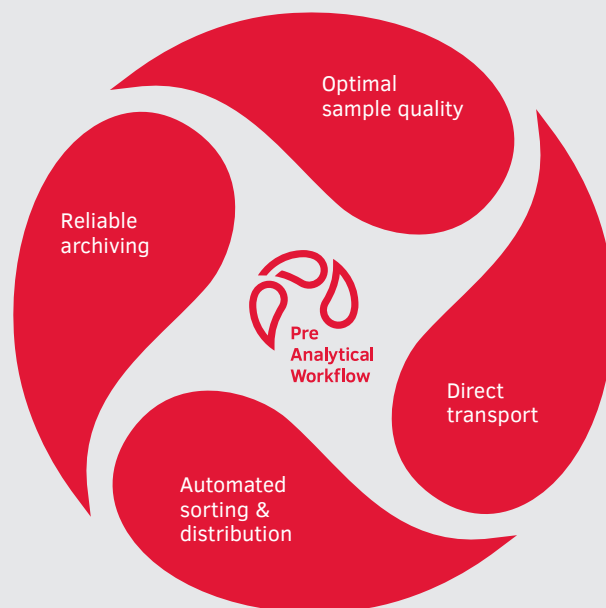
- No need to transfer samples into secondary tubes
- No need to use additional syringes
- Avoids repeated punctures and blood collection
- No collapsed veins

If you have any questions,
we'll be happy to help!

Visit our website: www.sarstedt.com

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of our synchronized systems.



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