

Recommended Maximum allowable blood draw volumes*

PATIENT'S WEIGHT		TOTAL VOLUME	MAXIMUM mL IN ONE BLOOD DRAW	MAXIMUM mL IN A 30-DAY PERIOD
Kg	lbs	mL	2.5% of total blood	5% of total blood
1	2.2	100	2.5	5
2	4.4	200	5	10
3	6.6	240	6	12
4	8.8	320	8	16
5	11	400	10	20
6	13.2	480	12	24
7	15.4	560	14	28
8	17.6	640	16	32
9	19.8	720	18	36
10	22	800	20	40
11 thru 15	24 thru 33	880-1200	22-30	44-60
16 thru 20	35 thru 44	1280-1600	32-40	64-80
21 thru 25	46 thru 55	1680-2000	42-50	64-100
26 thru 30	57 thru 66	2080-2400	52-60	104-120
31 thru 35	68 thru 77	2480-2800	62-70	124-140
36 thru 40	79 thru 88	2880-3200	72-80	144-160
41 thru 45	90 thru 99	3280-3600	82-90	164-180
46 thru 50	101 thru	3680-4000	92-100	184-200
51 thru 55	112 thru	4080-4400	102-110	204-220
56 thru 60	123 thru	4480-4800	112-120	224-240
61 thru 65	134 thru	4880-5200	122-130	244-260
66 thru 70	145 thru	5280-5600	132-140	264-280
71 thru 75	156 thru	5680-6000	142-150	284-300
76 thru 80	167 thru	6080-6400	152-160	304-360
81 thru 85	178 thru	6480-6800	162-170	324-340
86 thru 90	189 thru	6880-7200	172-180	344-360
91 thru 95	200 thru	7280-7600	182-190	364-380
96 thru 100	211 thru	7680-8000	192-200	384-400

***Note**

When approaching the recommended maximum volume, contact the ordering provider to assess whether testing can be prioritized or postponed. In cases of clinical necessity, the ordering provider may choose to allow blood draws beyond the recommended limits. Documentation of provider consultation must be entered in the EHR.