

handling of the samples, it can also be associated with malarial infection. In this case, the number of icteric samples supported the latter viewpoint. Such complications not only cause difficulties with respect to analysis, but also point to the need for strict enforcement of occupational health regulations when handling such specimens. Furthermore, in this case the analytical procedure had to be modified through the introduction of a third clean-up step for blood samples.

A high lipid content may or may not be avoidable. It is known that temporary hyperlipemia occurs after a fat-rich meal, and it may place undue restrictions on those who provide samples to ask them to refrain from eating twelve hours prior to sampling.

When the 10 ml whole blood samples were centrifuged, each yielded about 4 ml of plasma. Since 1 ml of plasma was needed for one analysis, this pointed to an obvious limitation to the analytical phase. This, combined with the observation concerning hemolysis mentioned above, led to two conclusions:

- 2 x 10 ml of blood should be collected from each subject, and multi-draw needles should be considered; and
- one of the 10 ml samples from each subject should be centrifuged as soon as possible after collection (possibly using a hand-operated spinner), while the other should be retained as whole blood for confirmation and/or whole blood studies.