Fat-Soluble Vitamins

Specimen Collection Instructions

This specimen collection kit can be used for the following test(s):

- 0030 UMFA Profile - Serum
- 0031 Vitamin K Assay - Serum
- 0032 Vitamin D Assay - Serum
- 0332 Vitamin D Assay NY - Serum
- 0033 Coenzyme Q10/Vitamins Profile - Serum
- 0034 Coenzyme Q10 Assay - Serum
- 0036 Fat-Soluble Vitamins Profile - Serum
- 0336 Fat-Soluble Vitamins Profile NY - Serum
- 0051 Lipid Peroxides Assay - Serum

IMPORTANT:

All patient specimens require two unique identifiers, patient’s name and date of birth, as well as date of collection. Patient’s first and last name, date of birth, gender, and date of collection must be recorded on the Test Requisition Form as well as on all tube(s) and/or vial(s), using a permanent marker, or the test may not be processed.

Specimen

- Serum, 6 ml, frozen

Collection Materials

- 2 red/gray top serum separator tubes
- 2 red top amber transfer tubes
- Disposable pipette

Shipping Materials*

- Absorbent pad
- Ice packet
- Test Requisition Form
- Biohazard bag with side pocket
- Specimen collection kit box
- FedEx® Clinical Lab Pak and Billable Stamp

*International shipping may vary, please see shipping instructions for more details.

Checklist

1. Tubes
   - Patient’s first on all tubes
   - Tubes are capped

2. Frozen
   - 2 red t
   - Ice packet

3. Test Requisition Form
   - Test Requisition
   - Payment is included
Please read all instructions carefully before you begin.

Patient Preparation

- It is best to ship the specimen within 48 hours of collection. Please refer to the enclosed shipping instructions before you collect to determine the days that the specimen can ship.
- The patient should fast 8-12 hours prior to collection. Patient may have water.
- It is not necessary to discontinue nutritional supplements prior to this test. Abnormalities that may be found will reveal special needs that have not been met by recent dietary and supplemental intake.

Serum Collection

1. Write patient’s first and last name, date of birth, gender, and date of collection on the Test Requisition Form (located in the pouch, on top of the Specimen Collection Kit Box), as well as on all tube(s) and/or vial(s), using a permanent marker.
   • IMPORTANT: To ensure accurate test results, you must provide the requested information.

2. Red/gray top serum separator tubes and red top amber transfer tubes
   - Draw the 2 red/gray top serum separator tubes completely.
   - Place upright in a rack at room temperature for 20 to 30 minutes to clot blood.
   - Centrifuge the red/gray top serum separator tubes for 15 minutes. The serum must be free of hemolysis or red blood cells.
   - Pipette serum, using a fresh disposable pipette, 3 ml from each of the red/gray serum separator tubes into the 2 red top amber transfer tubes. Cap each tightly.
   - Freeze the red top amber transfer tubes and the ice packet.

Specimen Preparation

1. Place the frozen red top amber transfer tubes, the frozen ice packet, and the absorbent pad into the biohazard bag.
2. Staple payment to the bottom right-hand corner of the completed Test Requisition Form. Fold and Place them in the side pocket of the biohazard bag.
3. Seal the biohazard bag; Place it into the specimen collection kit box and close the box.
Please read all instructions carefully before you begin.

**Patient Preparation**

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- The patient should fast 8-12 hours prior to collection. Patient may have water.
- It is not necessary to discontinue nutritional supplements prior to this test. Abnormalities that may be found will reveal special needs that have not been met by recent dietary and supplemental intake.

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   - Freeze the red top amber transfer tubes and the ice packet.

**Specimen Preparation**

1. Place the frozen red top amber transfer tubes, the frozen ice packet, and the absorbent pad into the biohazard bag.
2. Staple payment to the bottom right-hand corner of the completed Test Requisition Form. Fold and Place them in the side pocket of the biohazard bag.
3. Seal the biohazard bag; Place it into the specimen collection kit box and close the box.
Checklist (Prior to Shipping)

1. Tubes
   - Patient’s first and last name, date of birth, gender, and date of collection are written on all tubes
   - Tubes are capped tightly

2. Frozen
   - 2 red top amber transfer tubes
   - Ice packet

3. Test Requisition Form with Payment
   - Test Requisition Form is complete
   - Payment is included

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must be or vial(s), using

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