

## Checklist (Prior to Shipping)

Includes Blood & Urine Specimens

### 1. Tubes

- Patient's first and last name, date of birth, gender, and date of collection are written on all tubes and vials
- All the tubes and vials are capped tightly

### 2. Frozen

- Clear cap plastic vial (urine)
- 3 red top amber transfer tubes
- Lavender top clear transfer tube
- 3 ice packets

### 3. Room Temperature

- Royal-blue top Na-EDTA tube, trace mineral free

### 4. Test Requisition Form with Payment

- Test Requisition Form is complete
- Personal Health Assessment Form is complete
- Payment is included



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## ION™ Profile - Patient

### Urine Specimen Collection Instructions

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

**0090 ION Profile** - Blood/Urine

**0190 ION Profile NY** - Blood/Urine

**0490 ION Profile w/Amino Acids 40** - Blood/Urine

**0590 ION Profile w/Amino Acids 40 NY** - Blood/Urine

**\*0068 Chemistries** - Serum

**\*0088 Neopterin/Biopterin Profile** - Urine

**\*0030 UMFA Profile** - Serum

**\*0031 Vitamin K Assay** - Serum

**Please Note:** The ION Profile requires the patient to collect urine at home. This should be done prior to the blood collection. **All specimens, urine and blood, must be shipped together.** Patient must be fasting for blood draw. (Blood collection instructions are explained in the ION Profile - Clinician Specimen Collection Instructions.)

### 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**, ~9 ml (3 tubes, ~3 ml each), frozen; **Plasma**, 2.5 - 3 ml, frozen;

**Whole Blood**, room temperature; **Overnight Urine**, 12 ml, frozen

### Collection Materials

- Clean collection container (NOT included in this kit)
- Clear cap plastic vial with thymol preservative
- Disposable pipette

### Shipping Materials

- Plastic shell tube tray
- Absorbent pads
- 3 ice packets
- Test Requisition Form
- Personal Health Assessment 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.*

\*Not Available in New York

*Please read all instructions carefully before you begin.*

## Patient Preparation

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- It is best to **ship your specimen within 24 hours of collection**. Please refer to the enclosed shipping instructions before you collect to determine what days you can ship your specimen.
- It is not necessary to discontinue nutritional supplements prior to this specimen collection. Abnormalities that may be found will reveal special needs that have not been met by recent dietary and supplemental intake.
- **Decrease** fluid intake to avoid excessive dilution of the urine.
  - » For adults, **restrict intake** to three 8 oz. glasses or less for 24 hours.
  - » Make sure that no more than 8 oz. of fluids are consumed after 8:00 the evening prior to urine collection.
- **Do Not collect** urine during menstruation.
- Vial contains preservative - **Do Not Rinse**.

## Urine Collection

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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. **Empty** bladder before going to bed at night. **DO NOT** collect this urine.
3. **Collect** urine (if any) during the night and first morning urine into a clean container.
4. **Pipette** urine, using a fresh disposable pipette, into the clear cap plastic vial to the 12 ml mark (**DO NOT OVERFILL**). **Screw** the cap on tightly.
5. **Dispose** of the remaining urine.
6. **Freeze** the clear cap plastic vial and the ice packet.

## Blood Collection Preparation

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7. **Schedule** a morning blood drawing appointment on a **Monday, Tuesday, Wednesday, or Thursday**. Inform the doctor or lab that a centrifuge is needed to prepare the blood specimens. The kit contains all of the tubes required for collection.
8. **Do not have** anything to eat or drink (other than water) after 9:00 on the night before your blood is drawn.
9. **Staple** payment to the bottom right-hand corner of the completed Test Requisition Form and **Complete** the Personal Health Assessment Form; **Fold and Place** them in the side pocket of the biohazard bag.
10. **Take** frozen urine specimen (placed in biohazard bag with frozen ice packet) and **ALL** collection and shipping materials with you to the blood drawing site. This will allow the blood and urine specimens to be shipped together to the lab.