

NUTREVAL FMV AMINO ACIDS SPECIMEN COLLECTION INSTRUCTIONS

CLINICIAN BLOOD DRAW INSTRUCTIONS



CHECKLIST (PRIOR TO SHIPPING)

1. All Tubes

- Patient's Date of Birth written on all tube labels
- All the tubes are tightly closed

2. Blood Tubes - Frozen

- Amber transfer tube

3. Blood Tubes - Refrigerated

- Na EDTA blue-top tube
- EDTA lavender-top tube

4. Urine Tubes - Frozen

- Green-top preservative tube
- Green-top tube
- Blue-top Amber transfer tube

5. Swabs (ONLY FOR GENOMICS ADD-ONS)

- Swabs in the package and in the envelope

6. Test Requisition Form with Payment

- Test Requisition Form is complete **Test is marked, Patient's first and last name, date of birth, gender, and date of collection** are recorded
- Payment is included or pay online at www.gdx.net/prc

SHIP THE SPECIMEN(S) TO THE LAB

Specimen(s) must be returned in the Genova Diagnostics kit box.
Please refer to the shipping instruction insert found in your kit box.



Call 800.522.4762 or visit our website at www.gdx.net



The following test(s) can be collected using these instructions:

NutrEval® FMV Amino Acids*	#3000
Add-ons available	
• Vitamin D	#3532
• Genomics a-la-carte SNPs	
> ApoE	#5112
> MFTHR	#5111
> COMT	#5106
> TNF-α	#5106

* Not available in New York

Test may not be processed without this information.

KIT LABEL SHEET

Write on each label

- Patient's Date of Birth

Attach and label:

- ALL TUBES
- Front upper right hand corner of the Test Requisition

TEST REQUISITION FORM

Please fill out:

- Patient's First/Last name
- Date of Birth
- Gender
- Date of Collection

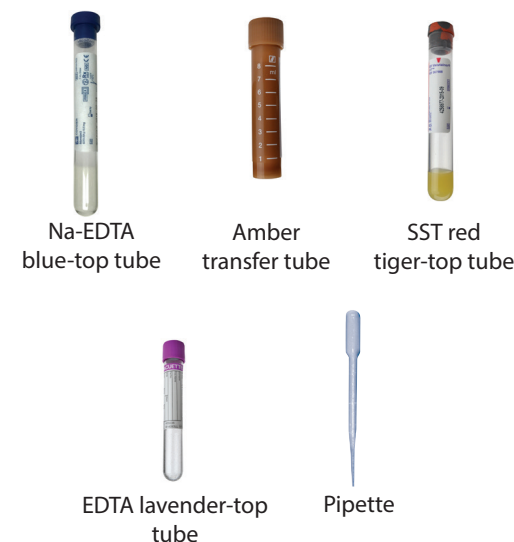
Specimen

Blood, Serum

Additional Materials

- Foam Insulator Box
- Freezer Brick
- Biohazard bag with Absorbent Material
- Rubber Band
- Test Requisition Form
- Collection Labels
- Prepaid Mailing Envelope
- Bubblewrap Bag

Collection Materials for Blood



IMPORTANT PREP BEFORE SAMPLE COLLECTIONS

- Schedule the patient accordingly
- Abnormal kidney function or use of diuretics may influence test results
- Female patients should not collect urine during a menstrual period

MEDICATIONS MAY IMPACT RESULTS



Discontinuation is at the discretion of the physician if medically appropriate. Antibiotics, antifungals, amphetamines, acid blockers, fibrate and corticosteroids may impact results

4 DAYS BEFORE THE TEST:



- If medically appropriate, non-essential medications, supplements, and nutrient fortified foods/beverages should be discontinued
- Avoid artificial sweeteners and MSG

24 HOURS BEFORE THE TEST:



- Patient should eat their usual diet. Avoid over-consuming any single food or extreme diets
- Fluid intake should be limited to eight 8-ounce glasses of fluid
- Patient should avoid seafood

NIGHT BEFORE THE TEST:



- Patients must fast overnight prior to the blood draw
- Freeze the enclosed freezer brick a minimum of 8 hours before shipping.

THE DAY OF THE TEST:



- All patient's urine tubes must be completely frozen prior to blood draw appointment

BLOOD COLLECTION

Please collect all tubes in one session. Label each tube with the patient's date of birth.

Blood processing note: Step 3 must be completed within 45 minutes after blood collection.

- 1** Before venipuncture, thoroughly wash the skin area with isopropyl alcohol, using two successive swabs of clean, sterile cotton. **Do not use iodine or mercury-based disinfectants/antiseptics.** Extra cleaning of the skin is important for accurate trace element analysis. **Use only stainless steel needles, with no aluminum or other metal crimp ring.**
- 2** DRAW BLOOD
- 3** BLOOD PROCESSING



NA-EDTA BLUE-TOP TUBE

Gently invert the tube 10-15 times
Refrigerate no more than 4 days prior to shipping
RETURN TO LAB



RED SST TIGER-TOP TUBE

Clot for 15 min. while standing in a rack
Centrifuge 15 min. at 3000 RPM
Transfer serum to amber transfer tube
DISCARD



AMBER TRANSFER TUBE

Freeze
RETURN TO LAB



EDTA LAVENDER TOP TUBE

Gently invert 5 times
Do Not Shake
Refrigerate
RETURN TO LAB