NUTREVAL PLASMA SPECIMEN COLLECTION INSTRUCTIONS

PATIENT URINE AND SALIVA COLLECTION INSTRUCTIONS

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

**NutrEval® Plasma** #3001

Add-ons available
- Vitamin D #3532
- Genomics a-la-carte SNPs
  - ApoE #5112
  - MTHFR #5111
  - COMT #5102
  - TNF-α #5106

*Not available in New York

**Specimen**
- **Urine** (per instructions), frozen
- **Saliva** (only for Genomics add-ons)

**Collection Materials for Urine**
- Blue-top Amber Tube
- Green-top Urine Tube
- Pipette

**Collection Materials for Saliva**
- Cotton Swabs and Package
- Envelope

**Warning:** 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
- Genomics envelope

**TEST REQUISITION FORM**
- Please fill out:
- Patient’s First/Last name
- Date of Birth
- Gender
- Date of Collection

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

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IMPORTANT: To ensure accurate test results you **MUST** provide the requested information.

- **Eat usual diet**, but avoid over-consuming any single food or extreme diet
- **Fluid intakes** should be limited to eight 8-ounce glasses of fluid over a 24 hour period
- **Label all tubes** with the patient’s date of birth. Do not discard tube fluid.
- Write patient’s first and last name, date of birth, gender and date of collection on the **Test Requisition Form**.
- Consider collecting urine 24 hours prior to blood collection to allow enough time for urine to freeze completely.
- If you wake up to urinate during the night (within six hours of waking) **collect** that urine into a sterile collection container— or a clean, disposable container—and refrigerate it. Upon waking, **collect** your urine into the same container. Fill the container, and pass any additional urine into the toilet.
- **Use** the pipette to transfer urine from the collection container into the Blue-top Amber Tube and Green-top Urine Tube until both are nearly full.
- Recap the tubes tightly and **shake**.
- **Place** the tubes into the biohazard bag labeled BAG ONE and freeze for a minimum of 2 hours. **Bring frozen urine to the blood draw. Some thawing in transit is expected.**

**URINE COLLECTION**

**24 HOURS BEFORE THE TEST:**
- **Eat usual diet**, but avoid over-consuming any single food or extreme diet
- **Fluid intakes** should be limited to eight 8-ounce glasses of fluid over a 24 hour period
- **Label all tubes** with the patient’s date of birth. Do not discard tube fluid.
- **Write patient’s first and last name, date of birth, gender and date of collection** on the Test Requisition Form.
- Consider collecting urine 24 hours prior to blood collection to allow enough time for urine to freeze completely.
- If you wake up to urinate during the night (within six hours of waking) **collect** that urine into a sterile collection container— or a clean, disposable container—and refrigerate it. Upon waking, **collect** your urine into the same container. Fill the container, and pass any additional urine into the toilet.
- **Use** the pipette to transfer urine from the collection container into the Blue-top Amber Tube and Green-top Urine Tube until both are nearly full.
- Recap the tubes tightly and **shake**.
- **Place** the tubes into the biohazard bag labeled BAG ONE and freeze for a minimum of 2 hours. **Bring frozen urine to the blood draw. Some thawing in transit is expected.**

**SALIVA COLLECTION (ONLY FOR GENOMICS ADD-ON TESTING)**

**NIGHT BEFORE COLLECTION:**
- Specimen must be **collected** immediately upon waking. **Do not practice** normal oral hygiene routine, do not eat or drink anything other than water.
- Just prior to collection, wash hands completely with hand soap.

**MORNING OF COLLECTION:**
- **Use** your normal nightly routine of brushing and flossing of teeth, but do not use mouthwash

1. **Keeping the packet intact**, peel open the package labeled, “Sterile Cotton Tipped Applicator.” Only peel back the package far enough to remove the cotton swab applicator.
2. **Remove** one applicator. Avoid contact with the cotton tip.
3. **Open** your mouth widely and insert applicator. For at least 30 seconds, **aggressively scrape** the inside of your cheek using a back and forth, and up and down motion. **Rotate** the applicator several times, and swab between the cheek and gums. Avoid excessive saliva. **Note**: Follow these instructions carefully to ensure the swab collects a sufficient amount of cheek cells. If there is not enough DNA collected on the applicator, a recollection will be required.
4. **REPEAT FIGURES 2 - 3 WITH SECOND SWAB**
5. **Allow** swabs to air dry for 15-20 minutes, then replace them (swab first) into the swab applicator package.
6. **Print** Full name, collection date, and date of birth on specimen collection label. **Place** the specimen collection label on the envelope.
7. **Insert** swab applicator package into the letter envelope and seal. Deliver the envelope, along with the frozen bag containing urine sample, to your healthcare provider’s office.

For full details refer to: [www.gdx.net/tests/prep](http://www.gdx.net/tests/prep)