Toxic Effects Profiles
Specimen Collection Instructions

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

- **0760 Chlorinated Pesticides** - Serum
- **0761 Polychlorinated Biphenyls (PCBs)** - Serum
- **0762 Volatile Solvents** - Whole Blood
- **1760 Chlorinated Pesticides and PCBs Combo Profile** - Serum
- **1761 Chlorinated Pesticides, PCBs, Volatile Solvents Combo Profile** - Serum/Whole Blood

**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 all tube(s) and/or vial(s), using a permanent marker, or the test may not be processed.

**Specimen**

- **Serum**, 8 ml, refrigerated, non-fasting,
- **Whole Blood**, 14ml, refrigerated, non-fasting

**Collection Materials**

- 2 Glass gray top BD vacutainers with 30 mg sodium fluoride
- 2 Glass red/gray top serum separator tubes

**Shipping Materials***

- 4 Bubble-bag tube protectors
- Absorbent pad
- Ice pack
- Test Requisition Form
- Biohazard bag with side pocket
- Personal Health Assessment Form
- Specimen collection kit box
- FedEx® Clinical Lab Pak and Billable Stamp

*International shipping may vary, please see shipping instructions for more details.
Please read all instructions carefully before beginning.

Patient Preparation

- 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 have the patient fast.
- It is not necessary to discontinue nutritional supplements prior to this test.
- Vial contains sodium fluoride - Do Not Rinse.

Blood 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 all tube(s) and/or vial(s), using a permanent marker.
   - IMPORTANT: To ensure accurate test results you MUST provide the requested information.
2. Freeze the ice pack.
3. Glass gray top BD vacutainer tubes:
   » Draw the two glass gray top BD vacutainer tubes and fill completely. It is important to fill tubes completely.
   » Invert the tubes gently for one minute immediately after blood draw to completely mix sodium fluoride. Do not allow tubes to sit before inverting.
   » Refrigerate the two glass gray top tubes.
4. Red/gray top serum separator tubes
   » Draw the two glass 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 two glass red/gray serum separator tubes for 15 minutes. The serum must be free of hemolysis or red blood cells.
   » Refrigerate the two glass red/gray top serum separator tubes.

Specimen Preparation

1. Place the refrigerated glass gray top tubes and the glass red/gray top tubes back into the 4 bubble-bag tube protectors, frozen ice pack, and absorbent pad into the biohazard bag.
2. Staple payment to the bottom right-hand corner of the completed Test Requisition Form. Fill out the Personal Health Assessment 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 the tubes
   - Tubes are capped tightly
2. Refrigerated
   - Two glass gray top BD vacutainer tubes
   - Two glass red/gray top serum separator tubes
3. Frozen
   - Ice pack
4. Test Requisition Form with Payment
   - Test Requisition Form is complete - Test is marked, Patients first and last name, date of birth, gender and date of collection are recorded.
   - Personal Health Assessment Form
   - Payment is included