Patient Guide

ION® Profile #3102*

*Not Available in New York

Do not collect if there is blood in urine, including menstrual or other blood.

Abnormal kidney function or use of diuretics may influence test results.

BEFORE YOU BEGIN

Activate This Test

Visit **gdx.net/activate** and enter the number found on the activation label card included with this collection pack.

STEP 1

Plan Your Collection

Use a calendar to plan your specimen collection. Ship Monday thru Friday and avoid US holidays which may cause delays.

4 Days before Collection

Consult your healthcare provider about stopping medications and supplements.

24 Hours Before Collection

Eat usual diet but avoid over-eating any single food or consuming an extreme diet.

Consume no more than six 8-ounce glasses of fluid over the 24 hours before collection.

Night Before Collection

Fast overnight. Water is okay.

Freeze freezer brick at least 8 hours.

Morning of Collection

Collect urine immediately upon waking.

STEP 2

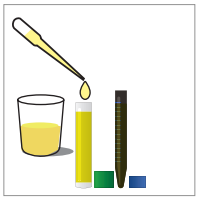
Specimen Collection

1. **Review** instructions and test prep information at **gdx.net/activate**.
2. Write your **date of birth** (DOB) and the **date of collection** on the labels provided. Attach a completed label to each of the **urine tubes**.

Collect Urine

1. **Collect** your **first morning urination** in a clean container (a large plastic cup works well). If you wake to urinate during the night, within 6 hours of when you typically wake for the day, collect your urine **in the container**, refrigerate, then combine with your first morning urination collection.
2. **Stir**, then **transfer** urine from the cup to **each of the tubes** using the pipette. Continue to add urine until each tube is nearly full.

   Avoid Contact with skin and eyes. For eye contact, flush with water thoroughly for 15 minutes. For skin contact, wash thoroughly with soap and water. If ingested, contact a poison control center immediately.

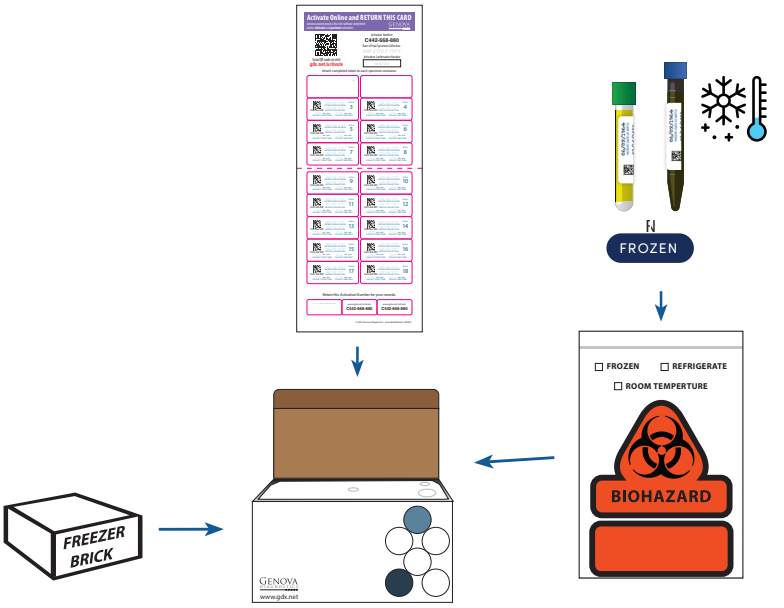


3. **Recap** the tubes tightly and **shake**.
4. **Return** the tubes and absorbent pad to the biohazard bag and **freeze** for a minimum of 2 hours. The **freezer brick** must be frozen at least 8 hours.

STEP 3

Add to Collection Pack

1. Confirm that each tube has a **completed label attached** with **date of birth** and the **date of collection**. Place the **frozen freezer brick** and the biohazard bag with **frozen tubes** inside the **foam insulator**. Replace the foam lid.
2. Retain a copy of the **activation number** for future reference **using one of the three labels provided on the bottom of the activation label card.**
3. Visit **gdx.net/activate** to enter the date of your final collection and receive your **confirmation code**. Write the date of collection and your confirmation code on the **activation label card.** Place the **activation card inside** the box.
4. Put the lid on the **foam cooler**. Close the box.
5. Bring the **cardboard box** and the **FedEx shipping materials** with you to your blood draw appointment.



Additional resources are available online.
Visit **gdx.net/activate** and enter your activation number.

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Provider Guide

ION® Profile #3102*

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BEFORE YOU BEGIN

Ordering Physicians

Before distributing to patients, visit **gdx.net/mygdx** to order and activate this test using the activation number on the included label card.

STEP 1

Help Patients Plan for Collection

Ship Monday thru Friday and avoid US holidays which may cause delays. See the Patient Guide for additional prep information and review full clinical guidelines at **gdx.net/tests/prep**. Please return specimens within 24 hours after collection.

4 Days before Collection

Discontinuing medications is at the discretion of the physician. Valproic acid, acetaminophen, and berberine HCl can interfere with select analytes.

Night Before Blood Draw

Patient must fast overnight. Water is okay.

Freeze freezer brick at least 8 hours.

Day of Blood Draw

Remind patient to freeze urine samples a minimum of two hours prior to blood draw

STEP 2

Specimen Collection

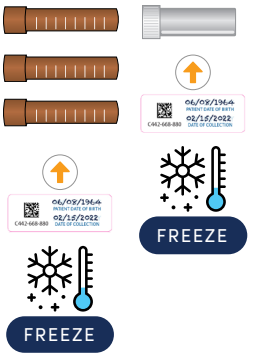
1. Write patient's **date of birth** (DOB) and the **date of collection** on the labels provided. Attach a completed label to each of the **tubes** being returned to the lab.

The Na-EDTA blue-top tube, Na Heparin blue-top tube, and K2-EDTA blue-top tube are interchangeable for this specimen collection pack. These are **trace mineral tubes**, not standard tubes.

Blood Draw and Processing

1. **Clean the skin** thoroughly with isopropyl alcohol before venipuncture, and **use only stainless steel needles**.
2. **Draw blood**.
3. **Process blood** using bench chart. Processing must be completed within **45 minutes** of blood collection.

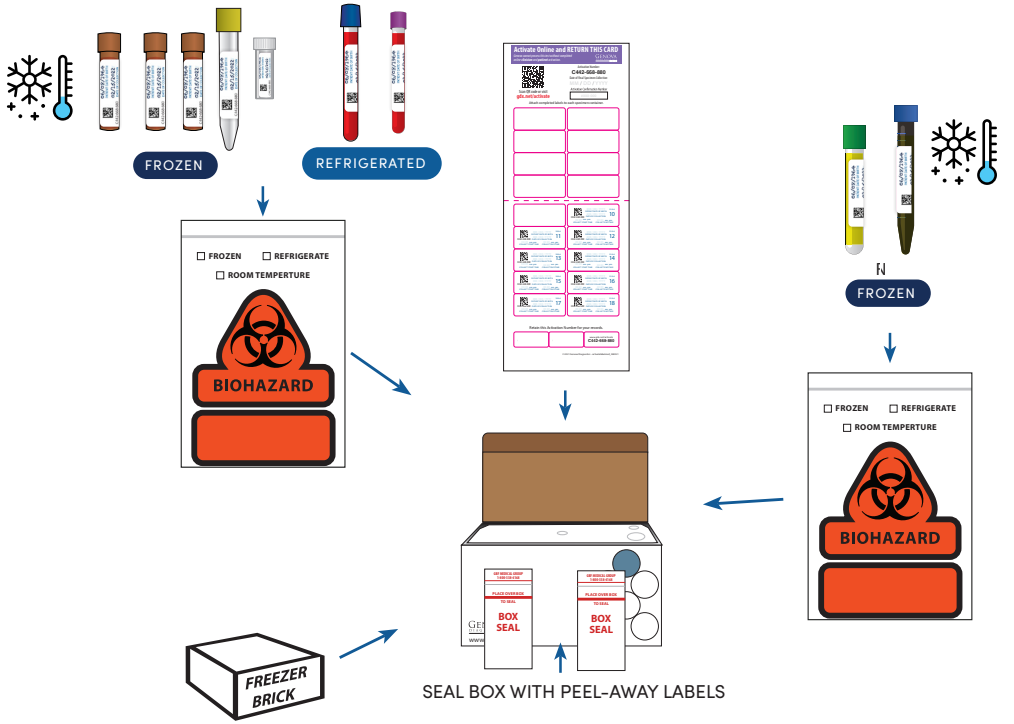
Bench Chart

TUBES	PROCESS	LABEL AND RETURN
 Na-EDTA, K2-EDTA, or **Na Heparin Blue-top Tube**	 **Gently invert** 10-15 times	 REFRIGERATE
 Red SST Tiger-top Tube (x4) **Amber Transfer Tube (x3)** **Clear Transfer Tube**	**(x4)** **Clot** for 15 min. while standing in a rack **Centrifuge** 15 min. at 3000 RPM **Transfer** 3 of the serums to the amber transfer tubes **Transfer** 1 serum to clear transfer tube **DISCARD USED TUBES**	 FREEZE FREEZE
 EDTA Lavender-top Tube	 **Gently invert** 5 times **Do not shake**	 REFRIGERATE
 Na Heparin Tube Blue or Green-top **Blue-top Preservative Tube** **Yellow-top Transfer Tube**	 **Gently invert** the tube 10-15 times **Centrifuge** 15 min. at 3000 RPM **Transfer** plasma to blue-top preservative tube **DISCARD USED TUBE**	 **Immediately shake** very hard at least 10-20 sec. **Centrifuge** 5 min. at 2500 RPM **Transfer** the clear supernatant into the yellow-top transfer tube **DISCARD USED TUBE**	 FREEZE

STEP 3

Return Collection Pack

1. Confirm that each tube has a **completed label attached** with patient's **date of birth** and the **date of collection**. Place the **frozen freezer brick** and the biohazard bags with **all tubes** inside the **foam insulator**. Replace the foam lid.
2. Retain a copy of the **activation number** for future reference **using one of the three labels provided on the bottom of the activation label card.**
3. Visit **gdx.net/mygdx** to enter the date of your final collection and receive your **confirmation code**. Write the date of collection and your confirmation code on the **activation label card.** Place the **activation card inside** the box.
4. **Put** the lid on the **foam cooler**. **Seal the box using the SECURITY BOX SEALS** to secure the lid.
5. **Close** the **cardboard box** and **place** inside the **FedEx shipping bag**. Follow the shipping instructions provided.



SEAL BOX WITH PEEL-AWAY LABELS

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Additional resources are available online at **gdx.net/tests/prep**.

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