

CHECKLIST (PRIOR TO SHIPPING)

1. Tubes

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

2. Frozen

- Red top clear transfer tube inside plastic shell tube tray
- Freezer brick

3. Test Requisition Form with Payment

- Test Requisition Form is complete - Patient's first and last name, date of birth, gender, and date & time of collection are recorded
- Payment is included (where indicated)

4. Samples must be returned to Genova Diagnostics by overnight delivery to arrive next day.

- For UK mainland patients only;** Genova Diagnostics recommends using the enclosed courier collection service, or an alternative. The mailing envelope is not pre-paid.
- For patients outside the UK;** please arrange an international courier such as FedEx, DHL, UPS.

Please note; the laboratory is closed at weekends. Samples should not be in transit over the weekend; please arrange for the samples to be sent overnight and to arrive no later than Friday.



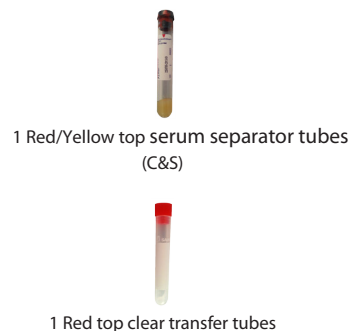
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ALLERGIX ANTIBODIES SPECIMEN COLLECTION INSTRUCTIONS



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

- 0075 IgG4 Food Antibodies - Serum**
- 0078 Coeliac Profile - Serum**



SPECIMEN

Serum, 3 ml (per instructions), frozen

COLLECTION MATERIALS

- 1 Red/Yellow top serum separator tube
- 1 Red top clear transfer tube
- Disposable pipette

SHIPPING MATERIALS

- Absorbent pad
- Freezer Brick
- Plastic shell tube tray
- Silver pouch
- Biohazard bag with side pocket
- Specimen collection kit envelope
- Test Requisition Form

IMPORTANT:

All patient specimens require three unique identifiers (**patient's full name and date of birth**), as well as **date and time of collection**. **Patient's first and last name, date of birth, gender, and date and time 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.



Please read all instructions carefully before beginning.

PATIENT PREPARATION

- **At least 8 hours prior to collection** the freezer brick must be frozen a minimum of 8 hours prior to shipping.
- **Plan for Monday-Friday collection only:** Specimens must be received in the laboratory within 24 hours of collection and **MUST** be stored frozen.
- **Refer to the enclosed shipping instructions** before you collect to determine the days that the specimen can be shipped.
- **It is not necessary** to have the patient fast.
- **It is not necessary** to discontinue nutritional supplements prior to this test. Abnormalities that may be found will reveal special needs that have not been met by recent dietary and supplemental intake.
- The use of immunosuppressive drugs, like cortisone, can give false negative test results. **Discontinue** the use of such drugs for 60 days before testing to allow antibody reactions to be seen.

SERUM COLLECTION

1. **Write** patient's **first & last name, date of birth, gender and date & time of collection** on the Test Requisition Form (included with your Specimen Collection kit), as well as all transfer tubes, using a permanent marker.
- **IMPORTANT:** To ensure accurate test results you **MUST** provide the requested information.
2. **Red/Yellow top serum separator tube and red top clear transfer tube**
 - » **Draw** the red/yellow top serum separator tube completely.
 - » **Place** tube upright in a rack at room temperature no longer than 20 to 30 minutes.
 - » **Centrifuge** the red/yellow top serum separator tube for 15 minutes. The serum must be free of haemolysis or red blood cells.
 - » **Pipette** 3 ml serum, using a fresh disposable pipette, into the red top clear transfer tube.
 - » **Discard and discard** the serum separator tube after pipetting the serum into the transfer tube.

SPECIMEN PREPARATION

1. **Place the transfer** tube and the absorbant pad into the slots of the plastic shell tube tray (an exact fit is not necessary) **and freeze** the sample a minimum of 2 hours prior to shipping.
2. When ready to ship, **make sure** the tube in the plastic shell tube tray are tightly closed and **are identified** with completed labels. **Snap** the plastic tube tray shut. **Place** the tube tray and frozen sample into the biohazard bag and seal.
3. **Place** the biohazard bag along with the frozen freezer brick in the foil pouch and seal.
4. **Include** payment details (where indicated) on the completed Test Requisition Form; **Fold and Place** them in the side pocket of the biohazard bag.
5. **Seal** the biohazard bag, **place** it into the specimen collection kit envelope, and seal.

