CHECKLIST (PRIOR TO SHIPPING)

1. All Tubes
   - Patient’s First and Last Name written on all tube labels

2. 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

3. Return to the Laboratory
   - Be sure to return the specimen within the original package and place that inside the included mailing material(s)

SHIP THE SPECIMEN(S) TO THE LAB
Please refer to the shipping instruction insert found in your collection pack.

GEOGENA DIAGNOSTICS

46-50 Coombe Road
New Malden • Surrey KT3 4QF
Call 020.8336.7750 or visit our website at www.gdx.net/uk

CLINICIAN BLOOD DRAW INSTRUCTIONS

IMMUNOLOGY

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

- IgG Food Antibodies #1001
- IgE Food Antibodies #1000
- IgG Vegetarian #1002
- IgE Inhalants #1003
- IgE Moulds #1004
- IgG Spices #1005
- Coeliac & Gluten Sensitivity #1006

Test may not be processed without this information:

Test Requisition Form

All Tubes

Please Provide:

- Patient’s First/last Name
- Date of Birth
- Gender
- Date of Collection

Please Label:

- Patient’s First and Last Name

Specimen

Serum

Additional Materials

- Biohazard bag with absorbent pad
- Test Requisition Form
- Mailing Box

Collection Materials for Blood

SST red tiger-top tubes (4)
**BLOOD COLLECTION**

Please collect all tubes in one session. Label each tube with the patient’s first and last name.

### 1. DRAW BLOOD

### 2. BLOOD PROCESSING

- Schedule the patient accordingly

- If testing for food antibodies, it is suggested that the patient eat a variety of foods for 2-3 weeks prior to testing (except for foods that are known to cause severe reactions). Doing so will help to ensure the presence of antibodies to problematic foods. **Antibodies to a particular food may be ABSENT if the food was not consumed recently.**

- The following medications may influence the antibody test results: Glucocorticoids (e.g., oral prednisone and/or steroid metered-dose inhaler), chemotherapy, other immunosuppressive agents (e.g., Humira, Rituxan), NSAIDS (e.g., Ibuprofen, Naproxen, Aspirin), anticonvulsants (e.g., Carbamazepine, Valproate), Omalizumab, and Heparin.

- Antibody testing may be inaccurate if the patient has liver disease, severe kidney disease, protein-losing enteropathy, HIV infection or other immunodeficiencies. Results may be skewed in patients with rheumatological pathologies associated with the production of heterophilic antibodies such as rheumatoid factor (RF).

- It is recommended that a child be at least 1 year old before testing for IgG antibodies. There is no age restriction for IgE testing.

For more details, please visit [www.gdx.net/tests/prep](http://www.gdx.net/tests/prep)

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**RED SST TIGER-TOP TUBES (4)**

Clot for 15 min. while standing in a rack.

The following table lists minimum specimen requirements necessary to provide results.

<table>
<thead>
<tr>
<th># profiles</th>
<th>ml Serum</th>
<th># SST tubes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3 ml</td>
<td>1 tube</td>
</tr>
<tr>
<td>2</td>
<td>6 ml</td>
<td>2 tubes</td>
</tr>
<tr>
<td>3</td>
<td>9 ml</td>
<td>3 tubes</td>
</tr>
<tr>
<td>4 or more</td>
<td>12 ml</td>
<td>4 tubes</td>
</tr>
</tbody>
</table>