

Checklist (Prior to Shipping)

1. Tubes

- Patient's first and last name, date of birth, gender, and date of collection are written on all tubes
- Tubes are capped tightly

2. Frozen

- 2 red top amber transfer tubes
- Ice packet

3. Test Requisition Form with Payment

- Test Requisition Form is complete
- Payment is included



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FAT-SOLUBLE VITAMINS

Specimen Collection Instructions

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

0031 Vitamin K Assay - Serum

0032 Vitamin D Assay - Serum

0033 Coenzyme Q10/Vitamins Profile - Serum

0036 Fat-Soluble Vitamins Profile - Serum

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

Specimen

- Serum, 6 ml, frozen

Collection Materials

- 2 red/gray top serum separator tubes
- 2 red top amber transfer tubes
- Disposable pipette

Shipping Materials*

- Absorbent pad
- Ice packet
- Test Requisition Form
- Biohazard bag with side pocket
- Specimen collection kit box
- FedEx® Clinical Lab Pak and Billable Stamp

Please read all instructions carefully before you begin.

Patient Preparation

- It is best to **ship the specimen within 24 hours of collection**. Please refer to the enclosed shipping instructions before you collect to determine the days that the specimen can ship.
- The patient should fast 8-12 hours prior to collection. Patient may have water.
- 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.

Serum 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 on all tube(s) and/or vial(s), using a permanent marker.
 - **IMPORTANT:** To ensure accurate test results, you **must** provide the requested information.
2. **Red/gray top serum separator tubes and red top amber transfer tubes**
 - **Draw** the 2 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 red/gray top serum separator tubes for 15 minutes. The serum must be free of hemolysis or red blood cells.
 - **Pipette** serum, using a fresh disposable pipette, 3 ml from each of the red/gray serum separator tubes into the 2 red top amber transfer tubes. **Cap** each tightly.
 - **Freeze** the red top amber transfer tubes and the ice packet.

Specimen Preparation

1. **Place** the frozen red top amber transfer tubes, the frozen ice packet, and the absorbent pad into the biohazard bag.
2. **Staple** payment to the bottom right-hand corner of the completed Test Requisition 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.