CHECKLIST (PRIOR TO SHIPPING)

1. All Tubes

Patient's First and Last Name, Date of Birth and Time and Date of Collection

written on all tube labels

□ All the tubes are tightly closed

2. Blood Tubes - Frozen

□ Amber transfer tube

Clear-top transfer tube

3. Blood Tubes - Refrigerated

Na EDTA blue-top tube

EDTA lavender-top tube (4 ml)

4. Urine Tubes - Frozen (Please see Urine Collection details)

Green-top preservative tube

Green-top tube

Blue-top Amber transfer tube

5. Swabs (ONLY FOR GENOMICS ADD-ONS)

□ Swabs in the package and in the envelope

6. 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

SHIP THE SPECIMEN(S) TO THE LAB

Specimen(s) must be returned in the Genova Diagnostics provided packaging. Please refer to the shipping instruction insert provided within the test kit. Plan to return your samples by overnight delivery to arrive next day between Monday and Thursday.



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

NUTREVAL SPECIMEN COLLECTION INSTRUCTIONS CLINICIAN BLOOD DRAW INSTRUCTIONS



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

NutrEval®

NUT06

Add-ons available

- Genomics a-la-carte SNPs
- ApoE
- > MTHFR
- > COMT
- > TNF-α



Test may not be processed without this information:



Specimen

Blood, Serum

Additional Materials

- Silver Foil Bag
- Tube Holder
- Freezer Brick
- Biohazard Bag with Absorbent Material
- Test Requisition Form
- Collection Labels
- Prepaid Mailing Envelope



Amber SST red transfer tube tiger-top tube Pipette (3)

IMPORTANT PREP BEFORE SAMPLE COLLECTIONS

- □ Schedule the patient accordingly
- Abnormal kidney function or use of
- diuretics may influence test results
- Female patients should not collect urine during a menstrual period

MEDICATIONS MAY IMPACT RESULTS

Discontinuation is at the discretion of the physician if medically appropriate Antibiotics, antifungals, amphetamines, acid blockers, fibrate and corticosteroids may impact results

4 DAYS BEFORE THE TEST:

- If medically appropriate, non-essential medications, supplements, and nutrient fortified foods/beverages should be discontinued
- □ Avoid artificial sweeteners and MSG

24 HOURS BEFORE THE TEST:

- Patient should eat their usual diet Avoid over-consuming any single food or extreme diets
- □ Fluid intake should be limited to 1.5 litres of fluid
- Patient should avoid seafood

NIGHT BEFORE THE TEST:



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- Patients must fast overnight prior to the blood draw
- Freeze the enclosed freezer brick a minimum of 8 hours before shipping

THE DAY OF THE TEST:

All patient's urine tubes must be completely frozen prior to blood draw appointment

For more details, please visit www.gdx.net/tests/prep

BLOOD COLLECTION

Please collect all tubes in one session. Label each tube with the patient's date of birth.

Blood processing note: Step 3 must be completed within 45 minutes after blood collection.



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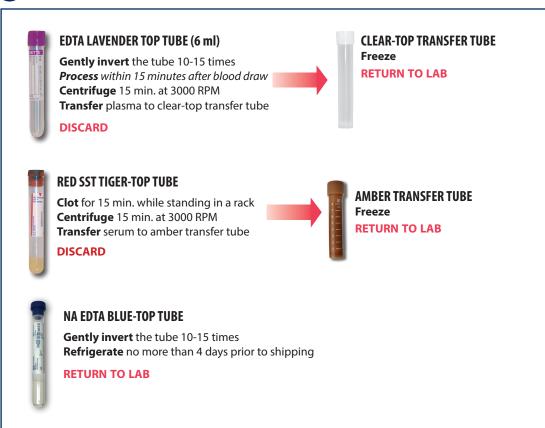
4

24)

Before venipuncture, thoroughly wash the skin area with isopropyl alcohol, using two successive swabs of clean, sterile cotton. **Do not use iodine or mercury-based disinfectants/antiseptics.** Extra cleaning of the skin is important for accurate trace element analysis. **Use only stainless steel needles, with no aluminum or other metal** crimp ring.



BLOOD PROCESSING



EDTA LAVENDER TOP TUBE (4 ml)

Gently invert 5 times Do not shake Refrigerate RETURN TO LAB