

# ALLERGIX<sup>SM</sup> ANTIBODY PROFILES

## SPECIMEN COLLECTION INSTRUCTIONS

**THIS SPECIMEN COLLECTION KIT CAN BE USED FOR THE FOLLOWING TEST(S):**

**0075 IgG<sub>4</sub> FOOD ANTIBODIES** - Serum

**0077 IgE FOOD ANTIBODIES** - Serum

**0270 IgG<sub>4</sub> & IgE FOOD ANTIBODIES** - Serum

**0071 IgE FOOD ANTIBODIES NY** - Serum

**0271 IgG<sub>4</sub> & IgE FOOD ANTIBODIES NY** - Serum

**7200 IgE INHALANT ANTIBODIES** - Serum

**0078 CELIAC PROFILE** - Serum

**0278 IgG<sub>4</sub> FOOD ANTIBODIES AND CELIAC PROFILE** - Serum

### PLEASE NOTE:

*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, and date 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.

## SPECIMEN

Serum, 3-9 ml (per instructions), refrigerated

### COLLECTION MATERIALS

- 2 Red/gray top serum separator tubes
- 2 Red top clear transfer tubes
- Disposable pipette

### SHIPPING MATERIALS

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



Call 800.221.4640 or visit our website at [www.metamatrix.com](http://www.metamatrix.com)

Please read all instructions carefully before beginning.

## PATIENT PREPARATION

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- It is best to **ship your specimen within 48 hours of collection**. Please refer to the enclosed shipping instructions **before** you collect to determine what days you can ship your specimen.
- 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

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1. **WRITE** patient's first and last name, date of birth, and date of collection on the Test Requisition Form (located in the pouch on top of the Specimen Collection Kit Box), as well as all transfer tubes, using a permanent marker.
2. **Red/gray top serum separator tubes and red top clear transfer tubes**
  - **DRAW** one red/gray top serum separator tube completely. *Exceptions:* **DRAW** 2 red/gray top serum separator tubes when ordering IgG4 with IgE Foods (#0270 or #0271 NY) or the IgG4 with Celiac Profile (#0278) or **DRAW** 3 red/gray top serum separator tubes if ordering 3 profiles (third tube NOT in kit).
  - **PLACE** tube(s) upright in a rack at room temperature no longer than 20 to 30 minutes
  - **CENTRIFUGE** the red/gray top serum separator tube(s) for 15 minutes. The serum must be free of hemolysis or red blood cells.
  - **PIPETTE** 3 ml serum, using a fresh disposable pipette, into the red top clear transfer tube(s). A total of 6 ml of serum is required when ordering IgG4 with IgE Foods (#0270 or #0271 NY) or the IgG4 with Celiac Profile (#0278). A total of 9 ml of serum is required when ordering IgG4 with IgE foods (#0270 or #0271 NY) AND the Celiac Profile.
  - **REFRIGERATE** the red top clear transfer tube(s) and **FREEZE** the ice packet

## SPECIMEN PREPARATION

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1. **PLACE** the refrigerated red top transfer tube(s), 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.

## CHECKLIST (PRIOR TO SHIPPING)

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1. **TUBES**
  - Patient's first and last name, date of birth, and date of collection are written on all tubes
  - Tubes are capped tightly
2. **REFRIGERATED**
  - Red top clear transfer tube
3. **FROZEN**
  - Ice packet
4. **TEST REQUISITION FORM WITH PAYMENT**
  - Test Requisition Form is complete
  - Payment is included