

CARDIO/IONSM PROFILE - CLINICIAN

BLOOD SPECIMEN COLLECTION INSTRUCTIONS

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

0290 CARDIO/ION PROFILE - Blood/Urine

1075 IgG₄ FOOD ANTIBODIES - Serum

0068 CHEMISTRIES - Serum

0088 NEOPTERIN/BIOPTERIN PROFILE - Urine

0031 VITAMIN K ASSAY - Serum

PLEASE NOTE: The Cardio/ION Profile requires the patient to collect urine at home. This should be done prior to the blood collection. **All specimens, urine and blood, must be shipped together.** Patient must be fasting for blood draw. (Urine collection instructions are explained in the Cardio/ION Profile - Patient Specimen Collection Instructions.)

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, 9 ml (3 tubes, 3 ml each), frozen; Plasma, 2.5 - 3 ml, frozen;

Whole Blood, room temperature; Overnight Urine, 12 ml, frozen;

Additional 3 ml of Serum is required if ordering #1075 with Cardio/ION Profile

COLLECTION MATERIALS

- 4 Red/gray top serum separator tubes
- Royal-blue top Na-EDTA tube, trace mineral free
- Light-blue top Na-citrate tube
- Lavender top EDTA tube
- 3 Red top amber transfer tubes
- Red top clear transfer tube
- Light-blue top clear transfer tube
- Lavender top clear transfer tube
- 3 Disposable pipettes

SHIPPING MATERIALS

- Plastic shell tube tray
- 2 Absorbent pads
- 3 Ice packets
- Test Requisition Form
- Personal Health Assessment Form
- Biohazard bag with side pocket
- Specimen collection kit box
- FedEx® Express Clinical Lab Pak and Overnight Billable Stamp



Call 800.221.4640 or visit our website at www.metamatrix.com

Please read all instructions carefully before beginning.

PATIENT PREPARATION

- 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.
- Please check to make sure the patient has fasted prior to drawing blood

Please note: For test #1075 IgG₄ Food Antibodies ONLY

- 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.

BLOOD COLLECTION

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 tube(s) and/or vial(s), using a permanent marker.

2. FREEZE the ice packets.

3. Light-blue top Na-citrate tube

- **DRAW** the light-blue top Na-citrate tube completely
- **INVERT** the tube gently 10 times immediately after the draw
- **CENTRIFUGE** immediately for 15 minutes. The plasma must be free of hemolysis or red blood cells.
- **REMOVE** the light-blue top Na-citrate tube after centrifuging;
DO NOT INVERT THE TUBE.
- **PIPETTE** plasma, using a fresh disposable pipette, 2.5 - 3 ml from the light-blue top Na-citrate tube into the light-blue top clear transfer tube. Cap tightly.
- **FREEZE** the light-blue top clear transfer tube

4. Red/gray top serum separator tubes and red top amber transfer tubes

- **DRAW** the 3 red/gray top serum separator tubes (or draw 4 if ordering #1075 IgG₄ Food Profile)
- **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 top serum separator tubes into the 3 red top amber transfer tubes (and 3 ml serum into the red top clear transfer tube if ordering #1075). Cap each tightly.
- **FREEZE** the red top amber transfer tubes..
- **REFRIGERATE** the red top clear transfer tube for test #1075.

5. *Royal-blue top Na-EDTA tube, trace mineral free*

- **DRAW** the royal-blue top Na-EDTA tube completely
- **INVERT** the tube gently 15 times immediately after the blood draw
- **LEAVE** the tube at room temperature. **DO NOT CENTRIFUGE OR TRANSFER.**

6. *Lavender top EDTA tube and lavender top clear transfer tube*

- **DRAW** the lavender top EDTA tube completely
- **INVERT** the lavender top EDTA tube 10 times to mix the EDTA with the blood
- **CENTRIFUGE** immediately for 15 minutes. The plasma must be free of hemolysis or red blood cells.
- **REMOVE** the lavender top EDTA tube after centrifuging;
DO NOT INVERT THE TUBE
- **PIPETTE** plasma, using a fresh disposable pipette, 2.5 - 3 ml to the lavender top clear transfer tube
- **FREEZE** the lavender top clear transfer tube

SPECIMEN PREPARATION

1. **PLACE** all of the frozen transfer tubes, (refrigerated red top clear transfer tube if #1075 was ordered), and the frozen urine collection into the slots or the ends of the plastic shell tube tray. (An exact fit is not necessary.) Place the absorbent pads over the tubes. Place the frozen ice packets at each end of the tubes in the tray and one in the middle. Snap the tray closed. (Do not place the royal-blue top Na-EDTA tube inside the tray).
2. **PLACE** the tray, along with the royal-blue top Na-EDTA tube into the biohazard bag.
3. **STAPLE** payment to the bottom right-hand corner of the completed Test Requisition Form and **COMPLETE** the Personal Health Assessment Form; **FOLD** and **PLACE** them in the side pocket of the biohazard bag.
4. **SEAL** the biohazard bag, **PLACE** it into the specimen collection kit box, and close the box.

CHECKLIST (PRIOR TO SHIPPING)

INCLUDES BLOOD & URINE SPECIMENS

1. TUBES

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

2. FROZEN

- Clear cap plastic vial (urine)
- Light-blue top clear transfer tube
- 3 Red top amber transfer tubes
- Lavender top clear transfer tube
- 3 Ice packets

3. REFRIGERATE (ONLY IF #1075 IS ORDERED)

- Red top clear transfer tube

4. ROOM TEMPERATURE

- Royal-blue top Na-EDTA tube, trace mineral free

5. TEST REQUISITION FORM WITH PAYMENT

- Test Requisition Form is complete
- Personal Health Assessment Form is complete
- Payment is included

CARDIO/IONSM PROFILE - PATIENT

URINE SPECIMEN COLLECTION INSTRUCTIONS

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

0290 CARDIO/ION PROFILE - Blood/Urine

1075 IGG4 FOOD ANTIBODIES - Serum

0068 CHEMISTRIES - Serum

0088 NEOPTERIN/BIOPTERIN PROFILE - Urine

0031 VITAMIN K ASSAY - Serum

PLEASE NOTE: The Cardio/ION Profile requires the patient to collect urine at home. This should be done prior to the blood collection. **All specimens, urine and blood, must be shipped together.** (Blood collection instructions are explained in the Cardio/ION Profile - Clinician Specimen Collection Instructions.)

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, 9 ml (3 tubes, 3 ml each), frozen; Plasma, 2.5-3 ml, frozen; Whole Blood, room temperature; Overnight Urine, 12 ml, frozen;
Additional 3 ml of Serum is required if ordering #1075 with Cardio/ION Profile

COLLECTION MATERIALS

- Clean collection container (NOT included in this kit)
- Clear cap plastic vial with thymol preservative
- Disposable pipette

SHIPPING MATERIALS

- Plastic shell tube tray
- 2 Absorbent pads
- 3 Ice packets
- Test Requisition Form
- Personal Health Assessment Form
- Biohazard bag with side pocket
- Specimen collection kit box
- FedEx® Express Clinical Lab Pak and Overnight Billable Stamp



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Please read all instructions carefully before beginning.

PATIENT PREPARATION

- 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 discontinue nutritional supplements prior to this specimen collection. Abnormalities that may be found will reveal special needs that have not been met by recent dietary and supplemental intake.
 - **Please note: For test #1075 IgG4 Food Antibodies ONLY:**
 - 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.
 - **DECREASE** fluid intake to avoid excessive dilution of the urine
 - For adults, restrict intake to three 8 oz. glasses or less for 24 hours
 - Make sure that no more than 8 oz. of this is consumed after 8:00 PM the evening prior to urine collection
 - **Do NOT** collect urine during menstruation
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- Vial contains preservative - **Do Not Rinse**

URINE COLLECTION

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 on the clear cap plastic vial, using a permanent marker.
2. **EMPTY** bladder before going to bed at night. **DO NOT** collect this urine.
3. **COLLECT** urine (if any) during the night and first morning urine into a clean container.
4. **PIPETTE** urine, using a fresh disposable pipette, into the clear cap plastic vial to the 12 ml mark (**DO NOT OVERFILL**). Screw the cap on tightly.
5. **DISPOSE** of the remaining urine.
6. **FREEZE** the clear cap plastic vial and the ice packet.

BLOOD COLLECTION PREPARATION

- **SCHEDULE** the blood drawing appointment on a **Monday through Thursday morning**. Inform the doctor or lab that a centrifuge is needed to prepare the blood specimens. The kit contains all of the tubes required for collection.
- **DO NOT** have anything to eat or drink (other than water) after 9:00 PM the night before your blood is drawn.
- **STAPLE** payment to the bottom right-hand corner of the completed Test Requisition Form and **COMPLETE** the Personal Health Assessment Form; **FOLD** and **PLACE** them in the side pocket of the biohazard bag.
- **TAKE** frozen urine specimen (placed in the biohazard bag with the frozen ice packet) and **ALL** collection and shipping materials with you to the blood drawing site. This will allow the blood and urine specimens to be shipped together to the lab.

CHECKLIST (PRIOR TO SHIPPING)

INCLUDES BLOOD & URINE SPECIMENS

1. TUBES

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

2. FROZEN

- Clear cap plastic vial (urine)
- Light-blue top clear transfer tube
- 3 Red top amber transfer tubes
- Lavender top clear transfer tube
- 3 Ice packets

3. REFRIGERATE (ONLY IF #1075 IS ORDERED)

- Red top clear transfer tube

4. ROOM TEMPERATURE

- Royal-blue top EDTA tube

5. TEST REQUISITION FORM WITH PAYMENT

- Test Requisition Form is complete
- Personal Health Assessment Form is complete
- Payment is included