

CARDIOVASCULAR HEALTH PROFILE

SPECIMEN COLLECTION INSTRUCTIONS

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

0161 CARDIOVASCULAR HEALTH PROFILE - Blood

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, 6 ml, (2 tubes, 3 ml each), frozen; Plasma, 1-2 ml, frozen; Whole Blood, room temperature

COLLECTION MATERIALS

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

SHIPPING MATERIALS

- Plastic shell tube tray
- Absorbent pad
- 2 Ice packets
- Test Requisition 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.
- Patient must be fasting 12 hours. 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.

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 on all collection and transfer tubes, using a permanent marker.
2. **Light-blue top Na-Citrate tube and light-blue top clear transfer tube**
 - **DRAW** the light-blue top Na-Citrate tube completely
 - **INVERT** the tube gently 4 times immediately after the blood 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 TUBE.**
 - **PIPETTE** 1-2 ml plasma, using a fresh disposable pipette, 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
3. **Royal-blue top Na-EDTA tube**
 - **DRAW** the royal-blue top Na-EDTA tube completely
 - **INVERT** the tube gently 10 times immediately after the blood draw
 - **LEAVE** the tube at room temperature. **DO NOT CENTRIFUGE OR TRANSFER.**
4. **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 no longer than 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** 3 ml serum, using a fresh disposable pipette, from each of the red/gray top serum separator tubes into the red top amber transfer tubes and cap each tightly
- **FREEZE** the red top amber transfer tubes and the ice packets

SPECIMEN PREPARATION

1. **PLACE** all of the frozen transfer tubes into the slots or the ends of the plastic shell tube tray. (An exact fit is not necessary.) Place the absorbent pad over the tubes. Place the frozen ice packets at either end of tubes in the tray. Snap the tray closed. (Do not place the royal-blue top Na-EDTA tube inside the tray.)
2. **PLACE** the tray, along with 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. **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)

1. **TUBES**
 - Patient's first and last name, date of birth, and date of collection are written on all the tubes
 - All the tubes are capped tightly
2. **FROZEN**
 - 2 Red top amber transfer tubes
 - Light-blue top clear transfer tube
 - Ice packets
3. **ROOM TEMPERATURE**
 - Royal-blue top Na-EDTA tube
4. **TEST REQUISITION FORM WITH PAYMENT**
 - The Test Requisition Form is complete
 - Payment is included