

# HORMONE PROFILE

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## SPECIMEN COLLECTION INSTRUCTIONS

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

**0044 INSULIN** - Serum

**0045 IGF-1** - Serum

**0140 MALE HORMONE 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

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Serum, 6 ml (2 tubes, 3 ml each), frozen

#### COLLECTION MATERIALS

- 2 Red/gray top serum separator tubes
- 2 Red top amber transfer tubes
- 2 Disposable pipettes

#### SHIPPING MATERIALS \*

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

*\*Shipping materials may differ outside of the U.S. Please see your shipping instructions for details.*



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.
- Draw the specimens between 8:00 AM and 10:00 AM
- 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.

### **For Test #0044 Insulin ONLY:**

- The patient must be fasting

### **For all other tests:**

- It is not necessary to have the patient fast

## **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 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, into each red top amber transfer tube and cap tightly
  - **FREEZE** the red top amber transfer tubes and the ice pack

## **SPECIMEN PREPARATION**

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- 1. PLACE** the frozen red top amber transfer tubes, the frozen ice pack, 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 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. FROZEN**
  - 2 Red top amber transfer tubes
  - Ice pack
- 3. TEST REQUISITION FORM WITH PAYMENT**
  - Test Requisition Form is complete
  - Payment is included