

TOXIC EFFECTS PROFILES

SPECIMEN COLLECTION INSTRUCTIONS

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

0760 CHLORINATED PESTICIDES - Serum

0761 POLYCHLORINATED BIPHENYLS (PCBs) - Serum

0762 VOLATILE SOLVENTS - Whole Blood

1760 CHLORINATED PESTICIDES AND PCBs COMBO PROFILE - Serum

1761 CHLORINATED PESTICIDES, PCBs, VOLATILE SOLVENTS COMBO PROFILE - Serum/Whole 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, 8 ml, refrigerated, non-fasting,

Whole Blood, 14ml, refrigerated, non-fasting

COLLECTION MATERIALS

- 2 Gray top BD vacutainers with 30 mg sodium fluoride
- 2 Glass red/gray top serum separator tubes

SHIPPING MATERIALS*

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

**International shipping may vary, please see shipping instructions for more details.*



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.
- It is not necessary to have the patient fast.
- It is not necessary to discontinue nutritional supplements prior to this test.
- Vial contains sodium fluoride - **Do Not Rinse**.

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), using a permanent marker.
2. **FREEZE** the ice pack.
3. *Gray top BD vacutainer tubes:*
 - **DRAW** the two gray top BD vacutainer tubes and fill completely. It is important to fill tubes completely.
 - **INVERT** the tubes gently for one minute immediately after blood draw to completely mix sodium fluoride. **Do not allow tubes to sit before inverting.**
 - **REFRIGERATE** all the gray top tubes.
4. *Red/gray top serum separator tubes*
 - **DRAW** the two red/gray top serum separator tubes completely.
 - **PLACE** upright in a rack at room temperature for 20 to 30 minutes to clot blood.
 - **CENTRIFUGE** the two red/gray serum separator tubes for 15 minutes. The serum must be free of hemolysis or red blood cells.
 - **REFRIGERATE** the two red/gray top serum separator tubes.

SPECIMEN PREPARATION

1. **PLACE** all of the refrigerated tubes into the slots of the bubble-bag tube protectors.
2. **PLACE** the protected tubes, ice pack and absorbent pad 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 tubes
- Tubes are capped tightly

3. REFRIGERATED

- Two gray top BD vacutainer tubes
- Two red/gray top serum separator tubes

2. FROZEN

- Ice pack

3. TEST REQUISITION FORM WITH PAYMENT

- Test Requisition Form is complete
- Payment is included