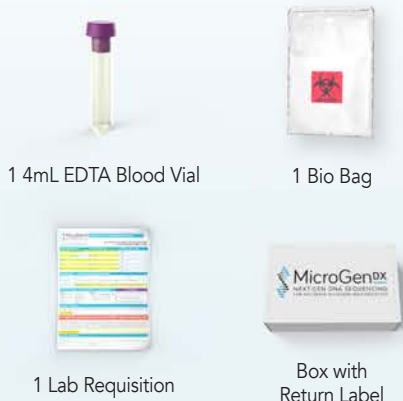


**THIS TEST COMES WITH:**



**COLLECTION DO'S & DON'TS**

The patient's identity should be verified with the identity on the requisition form by checking two of the following:

- a** patient's name
- b** birth date
- c** SSN

MicroGen <sup>DX</sup> OFFICE/CLINIC LAB REQUISITION FORM		
ALL HIGHLIGHTED AREAS MUST BE COMPLETED PRIOR TO SENDING FORM TO LAB.		
PATIENT INFORMATION	CLINIC INFORMATION	PHYSICIAN INFORMATION
<b>a</b> Patient Name (Last, First, Middle)	Address	<input type="checkbox"/> Physician Name State
<b>b</b> Date of Birth	City/State	<input type="checkbox"/> Physician Name State
<b>c</b> Social Security Number	Phone Number	<input type="checkbox"/> Physician Name State
Specialty	Referring Physician	<input type="checkbox"/> Physician Name State

All blood collecting tubes should not be labeled with patient identifying information until patient blood sample has been collected.

**VENOUS METHOD**

**STEP 1**

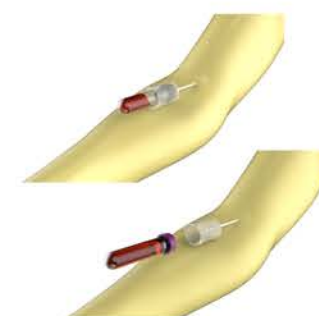
Clean the area of the skin to be stuck with an alcohol pad.

Allow the residual alcohol on the arm to evaporate naturally.



**STEP 2**

Use the provided vacutainer blood collection tube (EDTA) pushed into a vacutainer tube holder with needle screwed in to draw the patient's blood from the median cubital or cephalic vein of the arm.



Allow the tube to fill to the predetermined capacity (full) and then remove the tube from the holder.

**STEP 3**

Slowly and gently, invert the tube to allow mixing of the anticoagulant.

The minimum draw volume is 2 mL.

**Note:** Although one tube is required to be filled, two are provided in the collection kit in case of collection error.



**STEP 4**

Placing a piece of sterile gauze over the site of the needle pressed into the patient vein, slowly remove the needle and apply pressure to the needle stick site until bleeding stops.



**STEP 4**

Dispose of all used materials into a biohazard container.



SEE PATIENT INFORMATION & SHIPPING INSTRUCTIONS ON REVERSE

## PATIENT INFORMATION

### 1. MARK SAMPLE

Use a permanent marker to write patient name, date of birth and sample collection date on 4mL Vial.



### 2. SIGN LAB REQ

Please have the patient sign the lab requisition form accepting financial responsibility. Be sure the physician has also signed the lab requisition form confirming consent.



### 3. INSURANCE INFORMATION

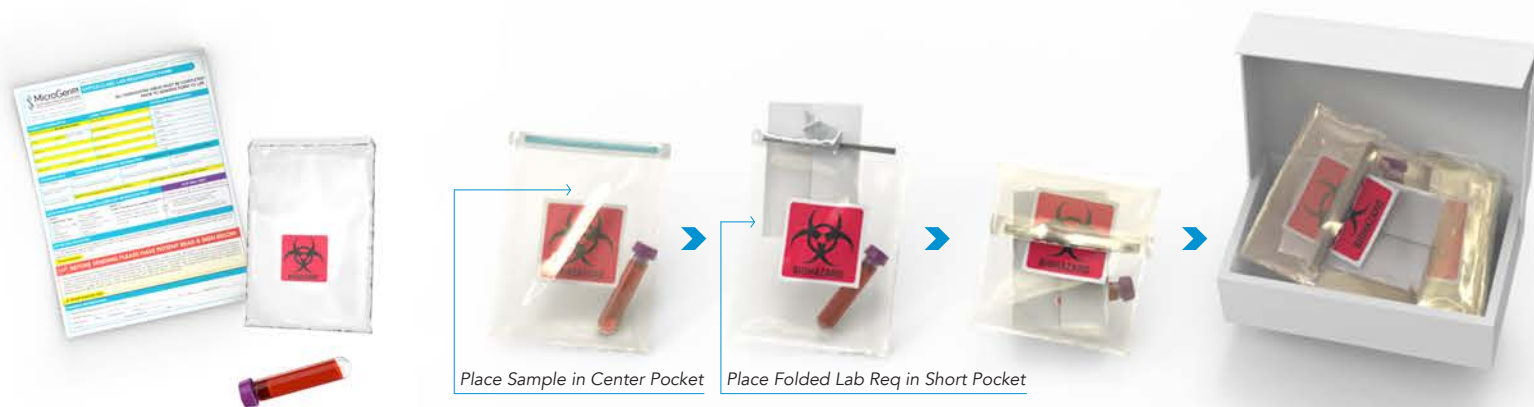
Submit patient face sheet and demographics with insurance information or both sides of a patient's insurance card. If this is a prepaid test skip this step.



## PACKING SAMPLES FOR SHIPMENT

1. Place the 4mL Vial into the center/sealable pocket of Biohazard Lab Bag.
2. Place folded Lab Requisition Form into the short pocket of the Lab Bag.
3. **IMPORTANT:** Place only one Sample and one Lab Requisition in each Lab Bag.
4. Peel strip off Lab Bag to expose adhesive backing and follow instructions printed on Bag to create a continuous, airtight seal.
5. Place the sealed Lab Bag into the Prepaid FedEx Shipping Box.

**NOTE:** More than one Lab Bag can be placed in the Shipping Box



## 3 CONVENIENT FEDEX SHIPPING METHODS

1. Drop into FedEx Dropbox including Kinkos FedEx locations
2. For Physician Offices Only: Call for pick up 1-800-GoFedEx (1-800-463-3339). Say "agent" twice to speak to agent. Let them know it's prepaid pick up.
3. For Physician Offices Only: Use our online "schedule a pick up" page at [MicroGenDX.com](http://MicroGenDX.com). Make sure to retain your tracking number.

