

CHECKLIST (PRIOR TO SHIPPING)

1. All Tubes

- Patient's Name and Date of Birth written on all specimen labels
- All the tubes are tightly closed

2. Plasma Transfer Tube - Frozen

- Specimen should be **frozen solid** prior to shipping

3. Blood Tube - Refrigerated

- 4ml K3-EDTA lavender-top tube

4. Swabs (ONLY FOR GENOMICS ADD-ONS)

- Receive swabs from patient, confirm envelope is labeled

5. Test Requisition Form with Payment

- Test Requisition Form is complete: **Test is marked, Patient's first and last name, date of birth, gender, and date of collection** are recorded
- Payment is included

6. Prepare for Shipping

- Place plasma transfer tube into the silver bag with the frozen gel pack.
- Place the blood tube into the biohazard bag and seal.
- Place all the specimens into the shipping box and seal with the security seal.
- Return to the laboratory by overnight shipment.



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METHYLATION PANEL SPECIMEN COLLECTION INSTRUCTIONS CLINICIAN BLOOD DRAW/PATIENT BUCCAL SWAB INSTRUCTIONS

METHYLATION PANEL

The following test(s) can be collected using these instructions:

Methylation Panel* - Blood #3534
Add-On Methylation Genomics*
- Blood/Buccal Swab #3535



Test may not be processed without this information.

SPECIMEN LABEL SHEET

Write on each label

- Patient's Name /Date of Birth

Attach and label:

- ALL TUBES
- Envelope containing swabs
- Front upper right hand corner of the Test Requisition

TEST REQUISITION FORM



Please fill out:

- Patient's First/Last name
- Date of Birth
- Gender
- Date of Collection

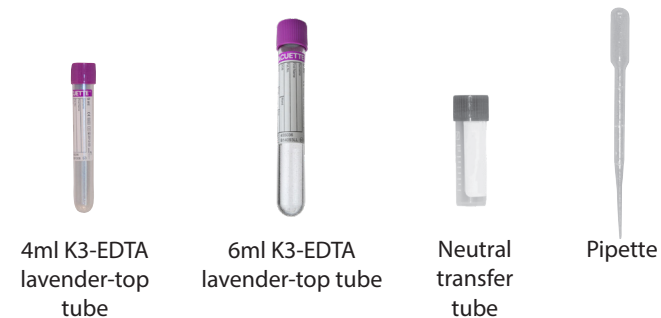
Specimen

Blood, Buccal Swab

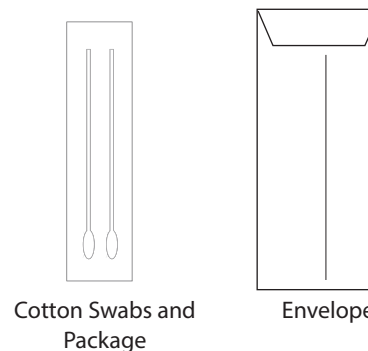
Additional Materials

- Freezer Brick
- Biohazard bag with Absorbent Material
- Rubber Band
- Test Requisition Form
- Silver Bag

Collection Materials for Blood



Collection Materials for Buccal Swab



IMPORTANT PATIENT INFORMATION

MEDICATIONS MAY IMPACT RESULTS



- ❑ Discontinuing medications is at the discretion of your physician.
- ❑ It is unknown if certain medications impact the results of this test. SAM-e supplementation and amino acid formulas may impact results.

4 DAYS BEFORE THE TEST:



- ❑ Some clinicians choose to discontinue non-essential nutritional supplements, such as B-vitamins, to get a "baseline" reading.
- ❑ Some clinicians choose to continue nutritional supplementation to assess the efficacy of treatments.

NIGHT BEFORE THE TEST:



- ❑ Patients must fast overnight prior to the blood draw
- ❑ Freeze the enclosed freezer brick a minimum of 8 hours, be sure to bring it with collection pack to blood draw **(BUCCAL SWAB COLLECTION ONLY)**
- ❑ Brush and floss your teeth as you regularly would, but **do not use mouthwash.**

MORNING OF COLLECTION:



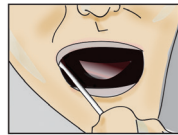
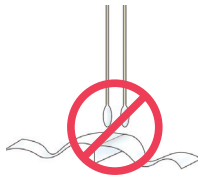
(BUCCAL SWAB COLLECTION ONLY)

- ❑ Specimen must be collected immediately upon rising. **Do not brush, floss, eat or drink** anything other than water.
- ❑ Just prior to collection, thoroughly wash your hands with soap.

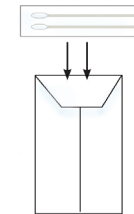
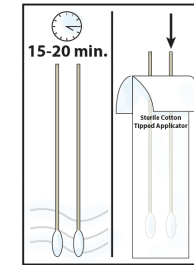
For more details, please visit www.gdx.net/tests/prep

BUCCAL SWAB COLLECTION (ONLY IF YOUR PHYSICIAN ORDERED GENOMIC ADD-ONS)

- 1 Gently peel** open the package labeled, "Sterile Cotton Tipped Applicator." Only peel back the package to expose the handle of the swabs. **Do not peel all the way back.**
- 2 Remove** one applicator. **Avoid contact with the cotton tip.**
- 3 Open** your mouth wide and **vigorously rub** the inside of your cheek with the cotton swab for 30 seconds. Use a back and forth, and up and down motion. **Rotate** the applicator several times, and **swab** between the cheek and gums. Avoid excessive saliva. **Note:** Follow these instructions carefully. If there is not enough DNA collected on the applicator, a recollection may be required.



- 4 Repeat** the collection process with the second applicator on your opposite cheek. Allow swabs to air-dry for 20 minutes, then **replace them (swab first) into the swab applicator package.**
- 5 Print** date of birth on specimen collection label, place label on letter envelope.
- 6 Place** repackaged swabs into the **labeled** letter envelope and seal. **Deliver** the envelope along with the rest of the collection pack materials, to your healthcare provider's office or blood draw site to be returned to Genova Diagnostics.
- 7 Complete** patient survey using form included in pack or by going online at www.gdx.net/prc



BLOOD COLLECTION

Please collect all tubes in one session.

Label each tube with the patient's date of birth.

Blood processing note: **Step 4 must be completed** within 45 minutes after blood collection.

- 1 Freeze** the gel brick over night and take it with you to the blood draw appointment.
- 2 Before** venipuncture, thoroughly wash the skin area with isopropyl alcohol using two successive swabs of sterile cotton. **Do not use iodine or mercury-based disinfectants/antiseptics.** Use only stainless steel needles, with no aluminum or other metal crimp ring.
- 3 DRAW BLOOD**
Start centrifuging within 10 minutes of blood draw.

4 BLOOD PROCESSING



4ML LAVENDER-TOP K3-EDTA TUBE

Gently invert 5 times
Do Not Shake
Refrigerate - MUST NOT BE FROZEN
RETURN TO LAB



6ML LAVENDER-TOP K3-EDTA TUBE

Gently invert the tube 10-15 times
Centrifuge 15 min. at 3000 RPM
Transfer plasma to Neutral tube
DISCARD



NEUTRAL TUBE
Freeze
RETURN TO LAB

- 5 Once** the plasma has been separated and transferred **place** the neutral tube in the silver bag with the gel brick and **return** the plasma to a freezer (within 45 minutes of blood draw) and freeze overnight before shipping.

REFER TO SHIPPING CHECKLIST ON THE BACK