

NUTREVAL FMV AMINO ACIDS SPECIMEN COLLECTION INSTRUCTIONS

PATIENT URINE AND SALIVA COLLECTION INSTRUCTIONS



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

NutrEval® FMV Amino Acids **NUT06**

Add-ons available

- Vitamin D
- Genomics a-la-carte SNPs
 - > ApoE
 - > MFTHR
 - > COMT
 - > TNF-α



Test may not be processed without this information.

KIT LABEL SHEET



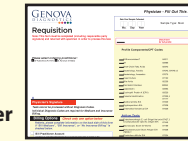
Write on each label

Patient's Date of Birth

Attach and label:

- ALL TUBES**
- 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

Urine (per instructions), frozen

Saliva (only for Genomics add-ons)

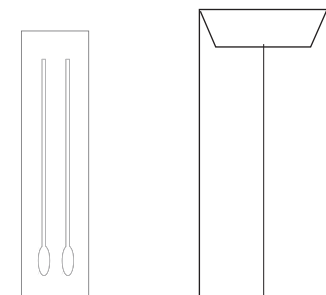
Consider collecting urine 24 hours prior to blood collection to allow enough time for urine to freeze completely.

Collection Materials for Urine



Green-top Preservative Tube Blue-top Amber Tube Green-top Urine Tube Pipette

Collection Materials for Saliva



Cotton Swabs and Package Envelope



46-50 Coombe Road
New Malden • Surrey KT3 4QF
Call 020.8336.7750 or visit our website at www.gdx.net/uk

URINE COLLECTION

24 HOURS BEFORE THE TEST:



- ❑ **Eat usual diet**, but avoid over-consuming any single food or extreme diet.
- ❑ **Fluid intakes** should be limited to eight 8-ounce glasses of fluid over a 24 hour period.

NIGHT BEFORE THE TEST:



- ❑ **You must fast** overnight prior to your blood draw.

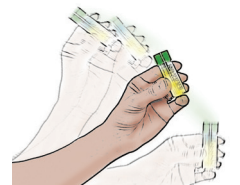
MORNING OF COLLECTION:



- ❑ **Avoid** contact with the skin and eyes. For eye contact, flush with water thoroughly for 15 minutes. For skin contact, wash thoroughly with soap and water. If ingested, contact poison control center immediately.
- ❑ **Collect** and return specimen to your clinician on morning of blood draw.
- ❑ **Females** should not collect urine during a menstrual period.

IMPORTANT: To ensure accurate test results you MUST provide the requested information.

- 1 Label all tubes, including the patient's first and last name and date of birth. Do not discard tube fluid.**
- 2 Write patient's first and last name, date of birth, gender and date of collection on the Test Requisition Form.**
- 3 Consider collecting urine 24 hours prior to blood collection to allow enough time for urine to freeze completely.**
If you wake up to urinate during the night (within six hours of waking), **collect** that urine into a sterile collection container, or a clean, disposable container, and refrigerate it; Upon waking, **collect** your urine into the same container. Fill the container and, pass any additional urine into the toilet.



- 4 Use** the pipette to transfer urine from the collection container into the Green-top Preservative Tube, Blue-top Amber Tube, and Green-top Urine Tube until all are nearly full.

- 5 Recap** the tubes tightly and **shake**.

- 6 Place** the tubes into the biohazard bag labeled BAG ONE and **freeze** for a **minimum of 2 hours**. **Bring frozen urine to the blood draw. Some thawing in transit is expected.**



SALIVA COLLECTION (ONLY FOR GENOMICS ADD-ON TESTING)

NIGHT BEFORE COLLECTION:



- ❑ **Use** your normal nightly routine of brushing and flossing of teeth, but do not use mouthwash.

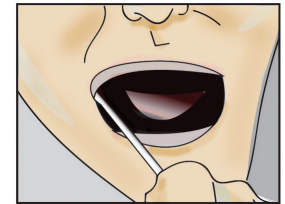
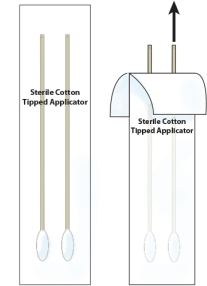
MORNING OF COLLECTION:



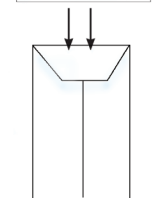
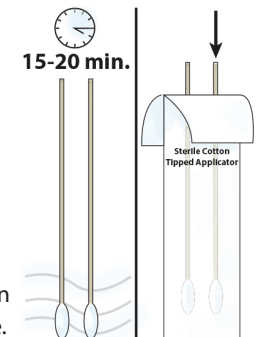
- ❑ Specimen must be **collected** immediately upon rising. **Do not practice** normal oral hygiene routine, do not eat or drink anything other than water.
- ❑ Just prior to collection, **wash** hands completely with hand soap.

For full details refer to: www.gdx.net/tests/prep

- 1 Keeping the packet intact, peel** open the package labeled, "Sterile Cotton Tipped Applicator." **Only peel back the package far enough to remove the cotton swab applicator.**
- 2 Remove** one applicator. *Avoid contact with the cotton tip.*
- 3 Open** your mouth widely and insert applicator. For at least 30 seconds, **aggressively scrape** the inside of your cheek using 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 to ensure the swab collects a sufficient amount of cheek cells. If there is not enough DNA collected on the applicator, a recollection will be required.



- REPEAT FIGURES 1 - 3 WITH SECOND SWAB**
- 4 Allow** swabs to air dry for 15-20 minutes, then replace them (swab first) into the swab applicator package.
- 5 Print** Full name and collection date on specimen collection label. **Place** the specimen collection label on the envelope.
- 6 Insert** swab applicator package into the letter envelope and seal. Deliver the envelope, along with the frozen bag containing urine sample, to your healthcare provider's office.



CHECKLIST (PRIOR TO SHIPPING)

1. All Tubes

- Patient's First and Last Name, Date of Birth and Time and Date of Collection written on all tube labels
- All the tubes are tightly closed

2. Blood Tubes - Frozen

- Amber transfer tube
- Clear-top transfer tube

3. Blood Tubes - Refrigerated

- Na EDTA blue-top tube
- EDTA lavender-top tube (4 ml)

4. Urine Tubes - Frozen (Please see Urine Collection details)

- Green-top preservative tube
- Green-top tube
- Blue-top Amber transfer tube

5. Swabs (ONLY FOR GENOMICS ADD-ONS)

- Swabs in the package and in the envelope

6. 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

SHIP THE SPECIMEN(S) TO THE LAB

Specimen(s) must be returned in the Genova Diagnostics provided packaging. Please refer to the shipping instruction insert provided within the test kit. Plan to return your samples by overnight delivery to arrive next day between Monday and Thursday.

GENOVA
DIAGNOSTICS[®]
EUROPE

46-50 Coombe Road
New Malden • Surrey KT3 4QF

Call 020.8336.7750 or visit our website at www.gdx.net/uk

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NUTREAL SPECIMEN COLLECTION INSTRUCTIONS CLINICIAN BLOOD DRAW INSTRUCTIONS



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

NutrEval[®]

NUT06

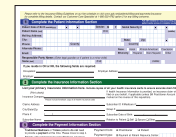
Add-ons available

- Genomics a-la-carte SNPs
 - > ApoE
 - > MTHFR
 - > COMT
 - > TNF-α



Test may not be processed without this information:

Test Requisition Form



Please Provide:

- Patient's First/last Name
- Date of Birth
- Gender
- Date of Collection

All Tubes



Please Label:

- Patient's First and Last Name
- Patient's Date of Birth
- Time and Date of Collection

Specimen

Blood, Serum

Additional Materials

- Silver Foil Bag
- Tube Holder
- Freezer Brick
- Biohazard Bag with Absorbent Material
- Test Requisition Form
- Collection Labels
- Prepaid Mailing Envelope

Collection Materials for Blood



Na EDTA
blue-top tube



EDTA
lavendar-top
tube 6 ml



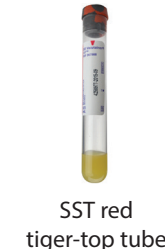
EDTA
lavendar-top
tube 4 ml



Clear-top
Transfer tube



Amber
transfer tube



SST red
tiger-top tube



Pipette (3)

If any of the items are missing or expired, call the laboratory on 020 8336 7750.

IMPORTANT PREP BEFORE SAMPLE COLLECTIONS

- Schedule the patient accordingly
- Abnormal kidney function or use of diuretics may influence test results
- Female patients should not collect urine during a menstrual period

MEDICATIONS MAY IMPACT RESULTS



Discontinuation is at the discretion of the physician if medically appropriate. Antibiotics, antifungals, amphetamines, acid blockers, fibrate and corticosteroids may impact results.

4 DAYS BEFORE THE TEST:



- If medically appropriate, non-essential medications, supplements, and nutrient fortified foods/beverages should be discontinued
- Avoid artificial sweeteners and MSG

24 HOURS BEFORE THE TEST:



- Patient should eat their usual diet. Avoid over-consuming any single food or extreme diets.
- Fluid intake should be limited to 1.5 litres of fluid.
- Patient should avoid seafood.

NIGHT BEFORE THE TEST:



- Patients must fast overnight prior to the blood draw.
- Freeze the enclosed freezer brick a minimum of 8 hours before shipping.

THE DAY OF THE TEST:



- All patient's urine tubes must be completely frozen prior to blood draw appointment.

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

BLOOD COLLECTION

Please collect all tubes in one session. Label each tube with the patient's date of birth.

Blood processing note: Step 3 must be completed within 45 minutes after blood collection.

- 1 Before venipuncture, thoroughly wash the skin area with isopropyl alcohol, using two successive swabs of clean, sterile cotton. **Do not use iodine or mercury-based disinfectants/antiseptics.** Extra cleaning of the skin is important for accurate trace element analysis. **Use only stainless steel needles, with no aluminum or other metal** crimp ring.

2 DRAW BLOOD

3 BLOOD PROCESSING



EDTA LAVENDER TOP TUBE (6 ml)

Gently invert the tube 10-15 times
Process within 15 minutes after blood draw
Centrifuge 15 min. at 3000 RPM
Transfer plasma to clear-top transfer tube

DISCARD



CLEAR-TOP TRANSFER TUBE

Freeze
RETURN TO LAB



RED SST TIGER-TOP TUBE

Clot for 15 min. while standing in a rack
Centrifuge 15 min. at 3000 RPM
Transfer serum to amber transfer tube

DISCARD



AMBER TRANSFER TUBE

Freeze
RETURN TO LAB



NA EDTA BLUE-TOP TUBE

Gently invert the tube 10-15 times
Refrigerate no more than 4 days prior to shipping

RETURN TO LAB



EDTA LAVENDER TOP TUBE (4 ml)

Gently invert 5 times
Do not shake
Refrigerate

RETURN TO LAB