

FAT-SOLUBLE VITAMINS

SPECIMEN COLLECTION INSTRUCTIONS

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

0031 VITAMIN K - Serum

0032 VITAMIN D - Serum

0033 COENZYME Q10/VITAMINS - Serum

0034 COENZYME Q10 - Serum

0035 VITAMINS A, E, & BETA-CAROTENE - Serum

0051 LIPID PEROXIDES - 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

Serum, 3 ml, frozen

COLLECTION MATERIALS

- Red/gray top serum separator tube
- Red top amber transfer tube
- Disposable pipette

SHIPPING MATERIALS*

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

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



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NZ Call +64 3 381 2255
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Please read all instructions carefully before beginning.

PATIENT PREPARATION

- The patient should fast 8-12 hours prior to collection. Patient may have water.
- 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.

SERUM COLLECTION

1. **WRITE** patient's first and last name, date of birth, and date of collection on the Test Requisition Form, as well as all transfer tubes, using a permanent marker.
2. **Red/gray top serum separator tube and red top amber transfer tube**
 - **DRAW** the red/gray top serum separator tube 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 tube for 15 minutes. The serum must be free of hemolysis or red blood cells.
 - **PIPETTE** 3 ml serum, using a fresh disposable pipette, into the red top amber transfer tube and cap tightly
 - **FREEZE** the red top amber transfer tube and the ice packet

SPECIMEN PREPARATION

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