

# Toxic Effects Profiles

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## 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

### IMPORTANT:

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, gender, 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

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**Serum**, 8 ml, refrigerated, non-fasting,

**Whole Blood**, 14ml, refrigerated, non-fasting

## Collection Materials

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- 2 Gray top BD vacutainers with 30 mg sodium fluoride
- 2 Glass red/gray top serum separator tubes
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## Shipping Materials\*

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

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

*Please read all instructions carefully before beginning.*

## **Patient Preparation**

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- 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**

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- 1. Write patient's first and last name, date of birth, gender 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) and/or vial(s), using a permanent marker.
  - **IMPORTANT:** To ensure accurate test results you **MUST** provide the requested information.
- 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

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1. **Place** the frozen lavender top transfer tube, frozen ice pack, and absorbent pad into the biohazard bag.
2. **Staple** payment to the bottom right-hand corner of the completed Test Requisition Form. **Fill** out the Personal Health Assessment 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)

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### 1. Tube

- Patient's first and last name, date of birth, gender, and date of collection are written on the tube
- Tube is capped tightly

### 3. Refrigerated

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

### 2. Frozen

- Lavender top clear transfer tube
- Ice pack

### 3. Test Requisition Form with Payment

- Test Requisition Form is complete - Test is marked, Patients first and last name, date of birth, gender and date of collection are recorded.
- Personal Health Assessment Form
- Payment is included



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