

# Toxic Effects Profiles

## 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

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

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

## Collection Materials

- 2 Glass gray top BD vacutainers with 30 mg sodium fluoride
- 2 Glass red/gray top serum separator tubes

## Shipping Materials\*

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

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



Call 800.522.4762 or visit our website at [www.gdx.net](http://www.gdx.net)

*Please read all instructions carefully before beginning.*

## Patient Preparation

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- It is best to **ship your specimen within 24 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. **Glass gray top BD vacutainer tubes:**
  - » **Draw** the two glass 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** the two glass gray top tubes.
4. **Red/gray top serum separator tubes**
  - » **Draw** the two glass 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 glass red/gray serum separator tubes for 15 minutes. The serum must be free of hemolysis or red blood cells.
  - » **Refrigerate** the two glass red/gray top serum separator tubes.

## Specimen Preparation

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1. **Place** the refrigerated glass gray top tubes and the glass red/gray top tubes back into the 4 bubble-bag tube protectors, 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. Tubes

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

### 2. Refrigerated

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

### 3. Frozen

- Ice pack

### 4. 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