CHECKLIST (PRIOR TO SHIPPING)

CLINICIAN BLOOD DRAW INSTRUCTIONS

1. All Tubes

| | Patient's | First and | Last Name | written | on all | tube | labe | ١ |
|---|------------|--------------|------------------|-----------|--------|------|------|---|
| _ | I attent 3 | I II 3t alla | East Maille | VVIILLCII | OH all | LUDC | IUNC | |

2. 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

3. Return to the Laboratory

☐ Be sure to return the specimen within the original package and place that inside the included mailing material(s)

SHIP THE SPECIMEN(S) TO THE LAB

Please refer to the shipping instruction insert found in your collection pack.



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

IMMUNOLOGY

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

| IgG Food Antibodies | #1001 |
|------------------------------|-------|
| IgE Food Antibodies | #1000 |
| IgG Vegetarian | #1002 |
| IgE Inhalants | #1003 |
| IgE Moulds | #1004 |
| IgG Spices | #1005 |
| Coeliac & Gluten Sensitivity | #1006 |



Specimen

Serum

Additional Materials

- Biohazard bag with absorbent pad
- · Test Requisition Form
- Mailing Box

Collection Materials for Blood



IMPORTANT PREP BEFORE SAMPLE COLLECTIONS

- ☐ Schedule the patient accordingly
- ☐ If testing for food antibodies, it is suggested that the patient eat a variety of foods for 2-3 weeks prior to testing (except for foods that are known to cause severe reactions). Doing so will help to ensure the presence of antibodies to problematic foods. Antibodies to a particular food may be ABSENT if the food was not consumed recently.
- ☐ The following medications may influence the antibody test results: Glucocorticoids (e.g., oral prednisone and/or steroid metered-dose inhaler), chemotherapy, other immunosuppressive agents (e.g., Humira, Rituxan), NSAIDS (e.g., Ibuprofen, Naproxen, Aspirin), anticonvulsants (e.g., Carbamazepine, Valproate), Omalizumab, and Heparin.
- ☐ Antibody testing may be inaccurate if the patient has liver disease, severe kidney disease, protein-losing enteropathy, HIV infection or other immunodeficiencies. Results may be skewed in patients with rheumatological pathologies associated with the production of heterophilic antibodies such as rheumatoid factor (RF).
- ☐ It is recommended that a child be at least 1 year old before testing for IgG antibodies. There is no age restriction for IgE testing.

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 first and last name.

- 1 DRAW BLOOD
- 2 BLOOD PROCESSING



RED SST TIGER-TOP TUBES (4)

Clot for 15 min. while standing in a rack.

The following table lists minimum specimen requirements necessary to provide results.

| # profiles | ml Serum | # SST tubes |
|------------|----------|-------------|
| 1 | 3 ml | 1 tube |
| 2 | 6 ml | 2 tubes |
| 3 | 9 ml | 3 tubes |
| 4 or more | 12 ml | 4 tubes |