

CHECKLIST (PRIOR TO SHIPPING)

1. All Tubes

- Patient's Date of Birth written on all specimen labels
- All the tubes are tightly closed

2. Blood Tubes - Frozen

- Specimen should be **frozen solid** prior to shipping
- Neutral transfer tube

3. Blood Tube - Refrigerated

- 4ml K3-EDTA lavender-top tube

4. Swabs (ONLY FOR GENOMICS ADD-ONS)

- Receive swabs from patient, confirm envelope is labeled

5. 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 or pay online at www.gdx.net/prc

6. Prepare for Shipping

- Place blood tubes in bubble wrap bag and seal it
 - Place bubble wrap bag and envelope containing swabs into Biohazard bag
 - Lay biohazard bag on top of freezer brick, within insulated box. Secure lid to box with rubber band, then slide into original exterior box
 - If not completed online at www.gdx.net/prc, place patient survey, requisition, and payment on top of insulated box before closing
 - Put box into prepaid mailing envelope and seal for shipping
- Specimens must be returned in the Genova Diagnostics box and received by Genova within 24 hours of collection**



Call 800.522.4762 or visit our website at www.gdx.net

METHYLATION PANEL SPECIMEN COLLECTION INSTRUCTIONS

CLINICIAN BLOOD DRAW/PATIENT BUCCAL SWAB INSTRUCTIONS

METHYLATION PANEL

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

Methylation Panel* - Blood #3534
Add-On Methylation Genomics*
- Blood/Buccal Swab #3535

* Not available in New York



Test may not be processed without this information.

SPECIMEN LABEL SHEET



Write on each label

- Patient's Date of Birth

Attach and label:

- ALL TUBES
- Envelope containing swabs
- 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

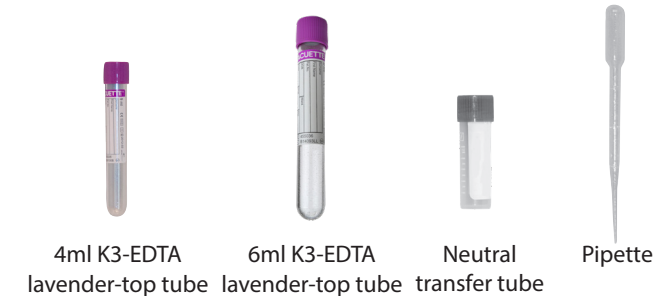
Specimen

Blood, Buccal Swab

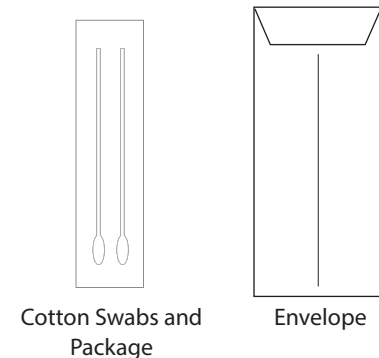
Additional Materials

- Foam Insulator Box
- Freezer Brick
- Biohazard bag with Absorbent Material
- Rubber Band
- Test Requisition Form
- Specimen Labels
- Prepaid Mailing Envelope
- Bubblewrap Bag
- Patient Survey

Collection Materials for Blood



Collection Materials for Buccal Swab



IMPORTANT PATIENT INFORMATION

MEDICATIONS MAY IMPACT RESULTS



- ❑ Discontinuing medications is at the discretion of your physician.
- ❑ It is unknown if certain medications impact the results of this test. SAM-e supplementation and amino acid formulas may impact results.

4 DAYS BEFORE THE TEST:



- ❑ Some clinicians choose to discontinue non-essential nutritional supplements, such as B-vitamins, to get a "baseline" reading.
- ❑ Some clinicians choose to continue nutritional supplementation to assess the efficacy of treatments.

NIGHT BEFORE THE TEST:



- ❑ Patients must fast overnight prior to the blood draw
- ❑ Freeze the enclosed freezer brick a minimum of 8 hours, be sure to bring it with collection pack to blood draw **(BUCCAL SWAB COLLECTION ONLY)**
- ❑ Brush and floss your teeth as you regularly would, but **do not use mouthwash.**

MORNING OF COLLECTION:



(BUCCAL SWAB COLLECTION ONLY)

- ❑ Specimen must be collected immediately upon rising. **Do not brush, floss, eat or drink** anything other than water.
- ❑ Just prior to collection, thoroughly wash your hands with soap.

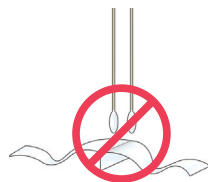
For more details, please visit www.gdx.net/tests/prep

BUCCAL SWAB COLLECTION **(ONLY IF YOUR PHYSICIAN ORDERED GENOMIC ADD-ONS)**

1 Gently peel open the package labeled, "Sterile Cotton Tipped Applicator." Only peel back the package to expose the handle of the swabs. **Do not peel all the way back.**

2 Remove one applicator. **Avoid contact with the cotton tip.**

3 Open your mouth wide and **vigorously rub** the inside of your cheek with the cotton swab for 30 seconds. Use 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. If there is not enough DNA collected on the applicator, a recollection may be required.

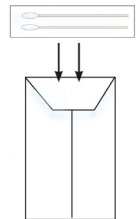
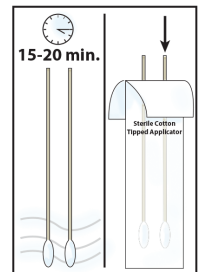


4 Repeat the collection process with the second applicator on your opposite cheek. Allow swabs to air-dry for 20 minutes, then **replace them (swab first) into the swab applicator package.**

5 Print date of birth on specimen collection label, place label on letter envelope.

6 Place repackaged swabs into the **labeled** letter envelope and seal. **Deliver** the envelope along with the rest of the collection pack materials, to your healthcare provider's office or blood draw site to be returned to Genova Diagnostics.

7 Complete patient survey using form included in pack or by going online at www.gdx.net/prc



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 sterile cotton. **Do not use iodine or mercury-based disinfectants/antiseptics.** Use only stainless steel needles, with no aluminum or other metal crimp ring.

2 DRAW BLOOD

3 BLOOD PROCESSING



4ML LAVENDER-TOP K3-EDTA TUBE

Gently invert 5 times
Do Not Shake
Refrigerate

RETURN TO LAB



6ML LAVENDER-TOP K3-EDTA TUBE

Gently invert the tube 10-15 times
Centrifuge 15 min. at 3000 RPM
Transfer plasma to Neutral tube

DISCARD



NEUTRAL TUBE

Freeze
RETURN TO LAB

4 Retain original pack materials for shipping, making sure freezer brick is completely frozen

REFER TO SHIPPING CHECKLIST ON THE BACK