



### BEFORE COLLECTION OF BLOOD

Sample should **only** be collected and shipped on Monday, Tuesday or Wednesday.

#### Requisition Form check list

- requisition is signed by the requesting physician
- patient name is filled in and matches blood tube ID (first identifier)
- second patient identifier (date of birth, unique ID number) is filled in and matches blood tube
- result send out contact information is completed
- payment information is completed
- assay type (2 or 6-panel) and optional consultation are selected accordingly

### SPECIMEN COLLECTION

- Label the specimen tube with:
  - Patient Name and ID #
  - Age
  - Sex
  - Date and time of collection
- Collect blood in EDTA anti coagulant tube.
- 5-10ml of blood is required for successful testing.
- All blood shipments to Repeat Diagnostics must arrive within 2 days and in good condition.



### SPECIMEN PACKING AND SHIPPING

#### SHIPPING MATERIAL

- Shipping container (UN3373 box 9" X 4" X 4" labeled "Biological Substance Category B)
- Specimen bag or sealable plastic bag.
- Absorbent material such as paper towel.
- Packing tape.
- Address label.
- FedEx Clinical Pak (provided free of charge from FedEx)
- FedEx Intra Canada Air Waybill form.
- For more information on how to ship clinical samples visit FedEx at <http://images.fedex.com/downloads/shared/packagingtips/pointers.pdf>



#### SHIPPING

1. Place blood collection tube(s) in sealable plastic bag.
2. Place bag in shipping container. **ICE PACKS ARE NOT REQUIRED**
3. Place enough absorbent material in shipping container so that blood tubes do not roll around.
4. Seal shipping container with packing tape.
5. Attach address label to top of shipping container.
6. Place shipping container and requisition form inside FedEx Clinical Pak.
7. Fill out the Intra Canada Air Waybill form.
8. Ship on day of collection by **FedEx Priority** or FedEx First Overnight to:



Repeat Diagnostics Inc.  
Suite 309 - 267 West Esplanade Ave.  
North Vancouver, BC V7M 1A5  
Canada

9. Inform Repeat Diagnostics by email at [test@repeatdiagnostics.com](mailto:test@repeatdiagnostics.com) of date shipped and tracking number.