

Purpose: To provide materials and instructions for appropriate Serum Separator Tube (SST) specimen collection for Myriad RBM (RBM) testing.

Scope: This protocol should be utilized by all personnel collecting and/or processing fresh specimens which will be shipped overnight on frozen ice packs.

IMPORTANT: At least 12 hours prior to Sample Collection, the two ice packs must be frozen. Freeze completely flat in order to fit into the provided shipping package. VeriPsych samples may only be collected on Mondays-Thursdays (not Fridays).

Supplies Required:

1. Plastic Serum Separator Tube (SST) vacuum specimen collection tube (gold top, figure 1)
2. Alcohol or antiseptic pad, needle, needle holder, gauze, tape, tourniquet
3. RBM Test Order Form
4. Centrifuge
5. Zip-top biohazard bag with absorbent sheets
6. Tube protector (bubble bag)
7. Two foam pads
8. Two ice packs, frozen
9. Shipping package (outer carton, Styrofoam cooler) (figure 9)
10. UN3373 Biological Substance Category B Label
11. FedEx return airbill



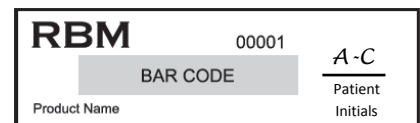
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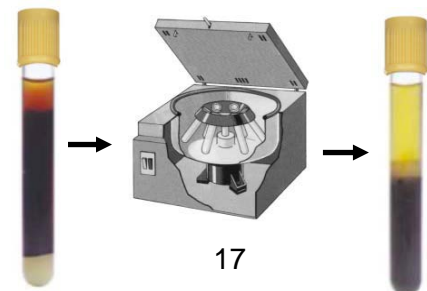
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Sample Collection and Processing Protocol:

12. Using standard phlebotomy techniques and established laboratory protocol, collect the blood sample into the SST.
13. Gently invert the SST 5 times immediately following collection. Inadequate mixing may result in incomplete clotting.
 - a. Write the patient's three initials on the barcode label which comes attached to the RBM Test Order Form (figure 13).
 - b. The initials must not cover the barcode.
 - c. If the patient does not have three initials, use a dash in place of the missing initial (e.g. A-C).
14. Remove one label from the Test Order Form and place it on the SST containing that patient's specimen.
15. Allow the blood to clot for 30 (+/- 5) minutes in a vertical position in a tube rack.
16. Centrifuge the clotted SST at 3300 rpm (or 1300xg) for 10 minutes. Be sure to properly balance the centrifuge prior to centrifugation.
17. Ensure proper separation and gel barrier position (figure 17) before proceeding to the next step.



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Test Requisition:

18. Complete the following fields in the RBM Test Order Form (figure 18):

Patient Information

- Patient's full name
- Patient's initials which correspond to initials on the barcode label
- Patient's date of birth (MM/DD/YYYY)
- Collection date and time
- Patient's gender
- Patient's fasting status (fasting not required)
- Additional Patient ID (e.g. chart number, if applicable.)
- Ordering Physician Information
 - Ordering physician
 - Phone
 - Fax and Email
 - Institution name
 - Address

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RBM 3300 Duval Road, Austin, TX 78759, 877.668.VERI, Fax: 512.835.4687
Test Order Form RBM000001
Test Ordered: VeriPsych

PATIENT INFORMATION

Order Entry User: _____ Patient Information: _____
 Patient ID: _____ Patient Name: _____ Patient DOB: _____
 Date of Birth: _____ Sex: _____ Collection Date: _____ Time: _____
 Collecting Institution: _____ Site: _____ State: _____
 Institution Name: _____ Address: _____ City, State, Zip: _____

MR No: Medicare Medicaid Private Insurance Assisted Patient
 Insurance Type: _____ Address: _____ City, State, Zip: _____
 Patient's Primary Health Insurance Policy Number: _____ Date of Policy Expiration: _____
 Patient's Secondary Health Insurance Policy Number: _____ Date of Policy Expiration: _____
 Patient's Tertiary Health Insurance Policy Number: _____ Date of Policy Expiration: _____
 Patient's Quaternary Health Insurance Policy Number: _____ Date of Policy Expiration: _____
 Patient's Quinary Health Insurance Policy Number: _____ Date of Policy Expiration: _____
 Patient's Insurance Type: _____ Address: _____ City, State, Zip: _____
 Patient's Insurance Address: _____ City, State, Zip: _____

Ordering Physician: _____
 Ordering Physician Address: _____ City, State, Zip: _____
 Ordering Physician Phone: _____
 Ordering Physician Fax: _____
 Ordering Physician Email: _____
 Ordering Institution Name: _____
 Ordering Institution Address: _____ City, State, Zip: _____
 Ordering Institution Phone: _____
 Ordering Institution Fax: _____
 Ordering Institution Email: _____

Specify the test(s) and/or code(s) to be performed for the management of this patient.
 Test(s) Name: _____ Date: _____
 Physician's Signature: _____

Approved or other test(s) submitted by lab to other tests used only one test that is not necessary for the diagnosis or treatment of the patient. Physician or Physician's staff will provide test results after the specimen is received by the lab.

TEST NAME	TEST CODE	TEST NAME	TEST CODE	TEST NAME	TEST CODE
Alcohol Dehydrogenase	8101	Cholesterol	8102	Glucose	8103
Alcohol Dehydrogenase II	8104	Cholesterol II	8105	Glucose II	8106
Alcohol Dehydrogenase III	8107	Cholesterol III	8108	Glucose III	8109
Alcohol Dehydrogenase IV	8110	Cholesterol IV	8111	Glucose IV	8112
Alcohol Dehydrogenase V	8113	Cholesterol V	8114	Glucose V	8115
Alcohol Dehydrogenase VI	8116	Cholesterol VI	8117	Glucose VI	8118
Alcohol Dehydrogenase VII	8119	Cholesterol VII	8120	Glucose VII	8121
Alcohol Dehydrogenase VIII	8122	Cholesterol VIII	8123	Glucose VIII	8124
Alcohol Dehydrogenase IX	8125	Cholesterol IX	8126	Glucose IX	8127
Alcohol Dehydrogenase X	8128	Cholesterol X	8129	Glucose X	8130
Alcohol Dehydrogenase XI	8131	Cholesterol XI	8132	Glucose XI	8133
Alcohol Dehydrogenase XII	8134	Cholesterol XII	8135	Glucose XII	8136
Alcohol Dehydrogenase XIII	8137	Cholesterol XIII	8138	Glucose XIII	8139
Alcohol Dehydrogenase XIV	8140	Cholesterol XIV	8141	Glucose XIV	8142
Alcohol Dehydrogenase XV	8143	Cholesterol XV	8144	Glucose XV	8145
Alcohol Dehydrogenase XVI	8146	Cholesterol XVI	8147	Glucose XVI	8148
Alcohol Dehydrogenase XVII	8149	Cholesterol XVII	8150	Glucose XVII	8151
Alcohol Dehydrogenase XVIII	8152	Cholesterol XVIII	8153	Glucose XVIII	8154
Alcohol Dehydrogenase XIX	8155	Cholesterol XIX	8156	Glucose XIX	8157
Alcohol Dehydrogenase XX	8158	Cholesterol XX	8159	Glucose XX	8160
Alcohol Dehydrogenase XXI	8161	Cholesterol XXI	8162	Glucose XXI	8163
Alcohol Dehydrogenase XXII	8164	Cholesterol XXII	8165	Glucose XXII	8166
Alcohol Dehydrogenase XXIII	8167	Cholesterol XXIII	8168	Glucose XXIII	8169
Alcohol Dehydrogenase XXIV	8170	Cholesterol XXIV	8171	Glucose XXIV	8172
Alcohol Dehydrogenase XXV	8173	Cholesterol XXV	8174	Glucose XXV	8175
Alcohol Dehydrogenase XXVI	8176	Cholesterol XXVI	8177	Glucose XXVI	8178
Alcohol Dehydrogenase XXVII	8179	Cholesterol XXVII	8180	Glucose XXVII	8181
Alcohol Dehydrogenase XXVIII	8182	Cholesterol XXVIII	8183	Glucose XXVIII	8184
Alcohol Dehydrogenase XXIX	8185	Cholesterol XXIX	8186	Glucose XXIX	8187
Alcohol Dehydrogenase XXX	8188	Cholesterol XXX	8189	Glucose XXX	8190
Alcohol Dehydrogenase XXXI	8191	Cholesterol XXXI	8192	Glucose XXXI	8193
Alcohol Dehydrogenase XXXII	8194	Cholesterol XXXII	8195	Glucose XXXII	8196
Alcohol Dehydrogenase XXXIII	8197	Cholesterol XXXIII	8198	Glucose XXXIII	8199
Alcohol Dehydrogenase XXXIV	8199	Cholesterol XXXIV	8200	Glucose XXXIV	8201
Alcohol Dehydrogenase XXXV	8202	Cholesterol XXXV	8203	Glucose XXXV	8204
Alcohol Dehydrogenase XXXVI	8205	Cholesterol XXXVI	8206	Glucose XXXVI	8207
Alcohol Dehydrogenase XXXVII	8208	Cholesterol XXXVII	8209	Glucose XXXVII	8210
Alcohol Dehydrogenase XXXVIII	8211	Cholesterol XXXVIII	8212	Glucose XXXVIII	8213
Alcohol Dehydrogenase XXXIX	8214	Cholesterol XXXIX	8215	Glucose XXXIX	8216
Alcohol Dehydrogenase XL	8217	Cholesterol XL	8218	Glucose XL	8219
Alcohol Dehydrogenase XLI	8220	Cholesterol XLI	8221	Glucose XLI	8222
Alcohol Dehydrogenase XLII	8223	Cholesterol XLII	8224	Glucose XLII	8225
Alcohol Dehydrogenase XLIII	8226	Cholesterol XLIII	8227	Glucose XLIII	8228
Alcohol Dehydrogenase XLIV	8229	Cholesterol XLIV	8230	Glucose XLIV	8231
Alcohol Dehydrogenase XLV	8232	Cholesterol XLV	8233	Glucose XLV	8234
Alcohol Dehydrogenase XLVI	8235	Cholesterol XLVI	8236	Glucose XLVI	8237
Alcohol Dehydrogenase XLVII	8238	Cholesterol XLVII	8239	Glucose XLVII	8240
Alcohol Dehydrogenase XLVIII	8241	Cholesterol XLVIII	8242	Glucose XLVIII	8243
Alcohol Dehydrogenase XLIX	8244	Cholesterol XLIX	8245	Glucose XLIX	8246
Alcohol Dehydrogenase L	8247	Cholesterol L	8248	Glucose L	8249

Billing Information

- Responsible party billing information

Physician name, signature, and date

VeriPsych panel is the default test ordered. Individual tests should not be requested.

Packaging and Shipping:

19. Place labeled and processed SST containing patient sample inside the tube protector (bubble bag), then place in zip-top biohazard bag and seal (figure 19).



20. Place the completed RBM Test Order Form in the outer sleeve of the zip-top biohazard bag.

21. Stack the contents in the Styrofoam box in this order:

- Frozen ice pack
- Foam pad
- Specimen bag with tube inside bubble bag
- Second foam pad
- Second frozen ice pack on top

22. Place lid on Styrofoam box and place inside the outer cardboard shipping carton labeled "RBM" (see figure 9).

23. Seal outer cardboard shipping carton securely.

24. Place the UN3373 Biological Substance Category B label on the outer carton.

25. Attach the FedEx airbill provided to the top of the sealed carton. Call FedEx for pick-up or use an already scheduled pick-up at your location.

26. Alert VeriPsych that you are shipping a sample so that it may be properly tracked.

Myriad RBM Contact Information:

VeriPsych Phone: (512) 835-8026 or (877) 668-8374

Alternate: Shannon McLaughlin, Sr. Medical Technologist

smclaugh@myriadrbm.com