

Ordering Physician			Patient Information		
Last Name	First Name	Billing #	Last Name	First Name	
Address			Date of Birth (DD/MM/YYYY)	PHN	
City	Province	Postal Code	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Phone	Fax		Address		
Email					
Referring Physician Signature		Date (DD/MM/YYYY)	City	Province	Postal Code
Copy Physician	Billing #		Risk Factor (check all that apply):		
Phone	Fax		<input type="checkbox"/> COMM <input type="checkbox"/> OBK <input type="checkbox"/> SCHOOL <input type="checkbox"/> HOSP <input type="checkbox"/> CGT <input type="checkbox"/> Other, please specify:		

Specimen Information	Collection Details		Priority: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> STAT
<input type="checkbox"/> Whole Blood Minimum Volume: 2 mL Preferred Volume: 5 mL <input type="checkbox"/> Plasma Minimum Volume: 0.5 mL Preferred Volume: 2 mL <input type="checkbox"/> Saliva Minimum Volume: 1.5 mL Preferred Volume: 2 mL <input type="checkbox"/> Other: Specify	Date Collected (DD/MM/YYYY)*	Sample Identifier*	COLLECTION LAB LABEL ONLY
	Time Collected (HH:MM)	Collector's Initials	

Samples are NOT accepted if the answer to either question is "Yes":

- Has the individual had a blood transfusion within 2-4 weeks of specimen collection? Yes No
- Has the individual had an allogenic bone marrow transplant? Yes No

Test Selection	Referred Laboratory Tests:				
<input type="checkbox"/> APOE Genotyping	<input type="checkbox"/> p-Tau181	<input type="checkbox"/> p-Tau217	<input type="checkbox"/> Nf-L	<input type="checkbox"/> GenoRisk	

Lab Use Only
Receiver's Name:
Receive Date (DD/MMM/YYYY):

*Please note that samples with incomplete or missing requisition forms will not be processed

SAMPLE REQUIREMENTS

Test Name	Specimen Requirements
APOE	Whole Blood Minimum Volume: 2 mL Preferred Volume: 5 mL
p-Tau181 p-Tau217 Nf-L	Plasma Minimum Volume: 0.5 mL Preferred Volume: 2 mL
GenoRisk	Saliva Minimum Volume: 1.5 mL Preferred Volume: 2 mL

Note: no special precautions need to be taken, and no preparation of patients is required.

HOW TO PREPARE A WHOLE BLOOD SAMPLE

To prepare your blood sample:

1. Draw blood from patient (EDTA lavender top; at least 2 mL) and after sample collection spin the tube briefly to avoid partial clotting.
2. Label the vacutainer tube with the patient's initials, PHN/medical record number, and collection date & time.
3. Wrap the tube in an absorbent pad and place it in a biohazard labeled bag. Secure with a rubber band, and then place into the FedEx Clinical Pak.
4. Place a signed copy of the *Requisition form* into the return envelope and the waybill (if coming from outside Canada, include the four copies of the commercial invoice with the shipping "from" portion filled out, signed and dated).
5. Store the sample at 2-8°C prior to transport. The sample must be shipped to alzTEST as soon as possible.

NOTE: Never send samples on a Friday or a day before a Holiday in case of delivery delays that may cause deterioration of samples. During hot weather, we recommend shipping samples overnight with an ice pack.

HOW TO PREPARE A PLASMA SAMPLE FROM WHOLE BLOOD

To prepare your blood sample:

1. Draw blood from patient (3x EDTA lavender top tubes; enough for at least 0.5 mL of plasma) and after sample collection invert 8 times to mix. Keep the sample on ice until it is centrifuged.
2. Label the vacutainer tube with the patient's initials, PHN/medical record number, and collection date & time.

3. Centrifuge the sample for 15 min at 1,000 x g to separate the cells from plasma.
4. Using a clean Pasteur pipette, transfer the plasma from the blood tube to a barcoded tube.
5. Wrap the tubes in an absorbent pad and place it in a biohazard labeled bag. Secure with a rubber band, and then place into the FedEx Clinical Pak.
6. Place a signed copy of the *Requisition form* into the return envelope and the waybill (if coming from outside Canada, include the four copies of the commercial invoice with the shipping “from” portion filled out, signed and dated).
7. Samples must be frozen (at -20°C) after aliquoting and remain frozen until arrival to alzTEST.

NOTE: Never send samples on a Friday or a day before a Holiday in case of delivery delays that may cause deterioration of samples. During hot weather, we recommend shipping samples overnight with dry ice.

HOW TO PREPARE A SALIVA SAMPLE

To prepare your saliva sample using a SpeciMAX saliva collection kit:

1. Do not eat, drink, or brush your teeth within 30 – 45 minutes of your sample collection. Presence of food or foreign matter can alter your test results.
2. Rinse mouth thoroughly with water ten minutes prior to collection.
3. Remove collection tube from the kit and place funnel inside of collection tube.
4. Allow saliva to pool in the mouth. Tilt head forward gently and guide saliva through the funnel into the tube.
5. There must be 1.5 – 2.0 mL of saliva within the tube, not including bubbles. Remove and discard the funnel.
6. Fasten cap onto the collection tube and place tube in the biohazard bag. Secure with a rubber band, and then place into the FedEx Clinical Pak.
7. Place a signed copy of the *Requisition form* into the return envelope and the waybill (if coming from outside Canada, include the four copies of the commercial invoice with the shipping “from” portion filled out, signed and dated).
8. The collected sample can be stored at room temperature (15-25°C) or refrigerated (2-8°C; do not freeze sample) and is stable up to 10 days after collection. We recommend sending the specimen as soon as possible after collection.

SAMPLES WILL BE REJECTED IF

1. Sample is not accompanied by a requisition form or if there is any missing information for patient or ordering physician.

2. Sample container is not labeled or there is not enough information on the container to match with the laboratory request form. Or Information on the requisition form does not match the sample label.
3. Sample container is broken, damaged, or leaking, Or sample is collected in an inappropriate container.
4. Sample volume is too little, and container appears empty. Or if saliva sample is filled with too many bubbles and not enough liquid volume.
5. Sample is clotted or hemolyzed (blood only).
6. If our DNA quality and quantity control show that customer has provided DNA less than needed, it will delay testing due to need for additional sample material before analysis can be initiated (genomic DNA only).
7. Blood samples (whole blood or plasma) arrive to the laboratory with the ice packs or samples fully melted, and the samples are no longer in the appropriate temperature range.

Note: If samples are rejected, the sample will be discarded, and the laboratory will request a new sample with a new requisition form.

SHIPPING INSTRUCTIONS

Samples should be shipped according to IATA, ICAO and TDG regulations.

Sample handling/storage information prior to shipping:

Whole blood – samples can be stored at 2-8°C for no longer than 2 days or at -20°C for longer periods

Plasma – samples must be frozen and stored at -20°C for up to 2 days

Saliva – samples can be stored at room temperature (15-25°C) or refrigerated (2-8°C; do not freeze sample) for up to 10 days

Packages should include:

1. Labelled sample(s) (with subject's initials, PHN, and sample collection date).
2. The corresponding completed test requisition.

Ship samples to the following address:

alzTEST

Room 5105B - 2405 Wesbrook Mall

Vancouver, BC V6T 1Z3

For any other specific inquiries, clinical advice on ordering of examinations, and interpretation of results, please contact us at info@alztest.ca