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CLIA #22D2189261
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Important

All fields marked with an asterix (*) must be filled

ORDERING PHYSICIAN INFORMATION*		
SPECIMEN INFORMATION		
SAMPLE TYPE*	DATE COLLECTED*	TIME COLLECTED*
<input type="checkbox"/> Serum <input type="checkbox"/> EDTA Plasma <input type="checkbox"/> Heparin Plasma <input type="checkbox"/> Dried Blood Spot	MM/DD/YYYY / /	HH:MM : <input type="checkbox"/> AM <input type="checkbox"/> PM

PATIENT INFORMATION		
LAST NAME*	FIRST NAME*	MIDDLE INITIAL
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH* (MM/DD/YYYY) / /	PATIENT I.D.
RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> I'd rather not say	ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> I'd rather not say <input type="checkbox"/> Not Hispanic or Latino	
Past SARS-CoV-2 Infection <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed by PCR/antigen test <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Test: _____
COVID-19 VACCINATED <input type="checkbox"/> Yes <input type="checkbox"/> No	VACCINE RECEIVED <input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer <input type="checkbox"/> J&J <input type="checkbox"/> Other: _____	DATE of: 1st DOSE: _____ 2nd DOSE: _____
PATIENT PHONE NUMBER*	PATIENT ADDRESS*	

TEST MENU	
<input type="checkbox"/> 19723 SARS-CoV-2 (RBD) IgG Antibody <input type="checkbox"/> 19710 SARS-CoV-2 (S1) IgG Antibody (Not available with Dried Blood Spot Samples)	
ADDITIONAL INSTRUCTIONS	
<i>By sending this sample, I acknowledge that I am a healthcare provider authorized to order clinical laboratory testing.</i>	<i>For Laboratory Use Only</i>



Sample Handling Instructions

General Instructions

1. Use universal precautions when handling specimens containing blood or other potentially infectious material. Specimens must be handled in a safe manner and according to applicable legal requirements or guidance. Information on safe specimen handling may be obtained from the U.S. Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC).
2. Before sending samples make sure that there is no leakage from or visible contamination outside the specimen container and that there are no needles or other sharps in the package that could cause injury or pathogenic exposure to anyone handling or opening the package and inner containers.
3. All samples to be run in a LAB located in Massachusetts must be ordered by an authorized provider.
4. Samples can be sent to LAB by Courier, FedEx, or UPS. Ship samples via overnight delivery to arrive Monday through Friday. Shipping Monday – Wednesday is recommended.
5. Each sample-tube or sample-collection-card must be labeled with the following:
 - Patient's full name
 - Second Identifier – either patient's Date of Birth, or patient ID number
 - Type of sample (example - Serum, EDTA plasma, Heparin Plasma)
 - Date sample was collected

Serum and Plasma samples

1. Samples handling after collection:
 - 1.1. For serum collection, allow the blood to clot sixty minutes and separate by centrifugation (follow collection tube manufacturer's instruction).
 - 1.2. Separate plasma by centrifugation (follow collection tube manufacturer's instruction).
 - 1.3. Do not freeze samples in collection tubes.
 - 1.4. Transfer the serum, or plasma to a plastic transport tube. To prevent injury and exposure to potentially infectious material, do not ship frozen serum or plasma in glass tubes.
2. Human serum or plasma specimens can be collected and stored at room temperature for 2 days, at 2 – 8°C for up to 7 days and frozen at -20C or -80C for 30 days prior to shipping.
3. Serum and plasma samples can be shipped via overnight delivery on cold packs or frozen packs.
4. Serum and plasma samples should not go through freeze-thaw cycles, although up to 3 cycles is acceptable. Samples subject to additional freeze-thaw cycles may yield anomalous results.
5. Serum or plasma samples should be clear and free from all red cells.
6. Hemolyzed samples will be rejected.

Dried Blood Spot Samples

1. After following instructions for blood collection, air dry the collection cards for at least 90 minutes at room temperature before placing in ziplock foil bag provided with the kit
2. Keep the ziplock foil bag sealed at all times so as not to reduce the effectiveness of the dessicant in it.
3. If the foil bag (containing the collection card) is not being shipped right away, store at 4°C until ready to ship
4. Collection cards can be shipped via overnight delivery and do not require cold packs or frozen packs. Simply place the sealed ziplock foil bags directly into the shipping envelope.