



1 Fortune Drive, Billerica, MA 01821
 Tel: (978) 901-6700, Fax: (978) 901-6639
 support@proterixbio.com

CLIA #22D2189261
 Lab Director: Mark D. Kellogg, Ph.D.

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

ORDERING PHYSICIAN INFORMATION*		
SPECIMEN INFORMATION		
SAMPLE TYPE*	DATE COLLECTED*	TIME COLLECTED*
<input type="checkbox"/> K3 EDTA Plasma <input type="checkbox"/> Li Heparin Plasma <input type="checkbox"/> Serum	MM/DD/YYYY / /	HH:MM :

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.
DIAGNOSIS		
<input type="checkbox"/> Patient has a diagnosis of chronic congestive heart failure		
TEST MENU		
<input type="checkbox"/> 19750 Presage [®] ST2 <input type="checkbox"/> 19710 SARS-CoV-2 (S1) IgG Antibody		
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. 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 processing & storage

See test spec sheet for serum and plasma processing details and storage conditions

Sample shipping

See test spec sheet for sample shipping conditions