

PATIENT PREPARATION				
Refer to collection facility's procedures for patient preparation requirements.				
SPECIMEN COLLECTION				
Specimen Type	Volume	Container	Storage Conditions	Special Instructions
Bone Core	Entire core	Sterile centrifuge tube with sterile saline or RPIM	Room temperature: 20-22°C	
Bone Marrow	Adult: 2-5 mL Child ≥8 days: 2-5 mL Newborn: 1-2 mL	Sodium heparin tube; do not use lithium heparin	Room temperature: 20-22°C	Do not freeze Invert tube 4-8 times to prevent clots
Fine Needle Aspirate	Entire aspirate	Sterile centrifuge tube	Room temperature: 20-22°C Refrigerated: 2-8°C if overnight	
Fixed Pellets	Pellet must be visible	Sterile centrifuge tube with 3:1 Methanol:Acetic Acid	Room temperature: 20-22°C	
Leukemic Blood	Adult: 2-5 mL Child ≥8 days: 2-5 mL Newborn: 1-2 mL	Sodium heparin tube; do not use lithium heparin	Room temperature: 20-22°C	Do not freeze Invert tube 4-8 times to prevent clots
Lymph Node	Entire Node	Sterile centrifuge tube with sterile saline or RPIM	Room temperature: 20-22°C Refrigerated: 2-8°C if overnight	
Paraffin-Embedded Tissue	Positively charged 3-4µ thick, 2 slides per probe minimum	Plastic slide transport box	Room temperature: 20-22°C	Include H&E Slide with area of interest marked
Mass/Tumor	Entire mass	Sterile centrifuge tube	Room temperature: 20-22°C Refrigerated: 2-8°C if overnight	Do not freeze Do not add formalin
Peritoneal/Pleural Fluid	15-50 mL whole fluid	Sterile centrifuge tube or container	Room temperature: 20-22°C or Refrigerated temperature: 2-8°C	Do not freeze
Urine	≥33 mL	Sterile container with Carbowax or PreservCyt (2:1 Urine:Preservative)	Refrigerated: 2-8°C	Do not freeze
Special Instruction: Tyrosine kinase inhibitors such as Gleevec may decrease mitotic index for chromosome studies.				
Isolated or Extracted Nucleic Acid Acceptance Policy: Genetics Associates, LLC only accepts nucleic acid for clinical testing that was isolated or extracted in a CLIA-certified laboratory or a laboratory meeting equivalent requirements as determined by the CAP and/or the CMS.				
SPECIMEN COLLECTION AND TRANSPORTATION				
<ul style="list-style-type: none"> Clearly label each specimen with patient name and one other unique identifier such as date of birth or medical record number. Call Genetics Associates, LLC at 615-327-4532 for pick-up in the greater Nashville area. Federal Express overnight shipment will be provided for all outlying areas. Mark the "Saturday Delivery" box on the FedEx air bill for all samples shipped on Friday. Send samples with a cold pack during warmer weather to ensure specimen integrity. (Use frozen cold pack for specimens requesting PCR) Refer to the Genetics Associates website for complete specimen collection guide. www.geneticsassociates.com 				
USE OF SPECIMENS				
Genetics Associates, LLC may retain patient samples (specimens) for test development and improvement, internal validation, quality assurance, and training purposes. All patient information is maintained as confidential and secure. All patient samples which are retained by Genetics Associates, LLC are de-identified and all individually identifiable patient information is removed before samples are used.				
Declining the use of remaining samples for test development and improvement, internal validation, quality assurance, and training purposes will not impact the services to you by Genetics Associates, LLC diagnostic testing/reports.				
If the box below is not checked, you consent to the use of your de-identified patient sample for the limited purposes described above.				
<input type="checkbox"/> I am checking this box to indicate that the sample may NOT be used for validation, educational purposes and/or research.				
By marking the box below, you may decline research use and it will not impact the services to you by Genetic Associates, LLC diagnostic testing/reports. Unless you mark the box below, you consent to the use of your de-identified patient sample for the limited purposes described above.				
<input type="checkbox"/> I am checking this box to indicate that the sample may NOT be used for validation, educational purposes and/or research. Patient initials: _____				
Signature of Patient /Authorized Representative (Required) _____ Date (Required) _____				