

## SPECIMEN TRANSPORT GUIDE

| COLLECTION GUIDELINES                    |           |                       |             |         |                    |           |                           |
|------------------------------------------|-----------|-----------------------|-------------|---------|--------------------|-----------|---------------------------|
| TEST NAME                                | TEST CODE | COLLECTION TUBE       | VOLUME (mL) |         | TEST SCHEDULE      |           | TURNAROUND APPROX. (days) |
|                                          |           |                       | REQUIRED    | MINIMUM | DAY                | TIME      |                           |
| ABSOLUTE T4                              | AT4       | NaHeparin (green top) | 4           | 1       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |
| AUTOIMMUNE LYMPHOPROLIFERATIVE           | AILYMP    | NaHeparin (green top) | 10          | 4       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |
| BRUTON'S TYROSINE KINASE                 | BTK       | NaHeparin (green top) | 10          | 4       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |
| COMMON VARIABLE IMMUNODEFICIENCY         | CVID      | NaHeparin (green top) | 10          | 4       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |
| CYTOTOXICITY/APOPTOSIS                   | CYTAPO    | NaHeparin (green top) | 15          | 8       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |
| HYPER IGM                                | HIGM      | NaHeparin (green top) | 10          | 4       | Mon.- Fri.         | 9AM only  | 2 to 3                    |
| MENDELIAN SUSCEPTIBILITY TO MYCOBACTERIA | MSMD      | NaHeparin (green top) | 15          | 8       | Mon., Thurs., Fri. | 2PM only  | 5 to 6                    |
| NEUTROPHIL OXIDATIVE BURST               | NEUOXB    | NaHeparin (green top) | 4           | 1       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |
| NEUTROPHIL PHAGOCYTOSIS                  | PHAGO     | NaHeparin (green top) | 4           | 1       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |
| PERFORIN GRANZYME                        | PERGRA    | NaHeparin (green top) | 10          | 4       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |
| PRIMARY IMMUNODEFICIENCY 1               | PID1      | NaHeparin (green top) | 10          | 4       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |
| PRIMARY IMMUNODEFICIENCY 2               | PID2      | NaHeparin (green top) | 10          | 4       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |
| SEVERE COMBINED IMMUNODEFICIENCY         | SCID      | NaHeparin (green top) | 2           | 1       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |
| T CELL ACTIVATION                        | TCACT     | NaHeparin (green top) | 15          | 8       | Mon., Thurs., Fri. | 9AM only  | 5 to 6                    |
| T CELL INTERLEUKIN PROLIFERATION         | TINTL     | NaHeparin (green top) | 15          | 8       | Mon., Thurs., Fri. | 2PM only  | 5 to 6                    |
| T CELL MITOGEN PROLIFERATION             | TMITO     | NaHeparin (green top) | 15          | 8       | Mon., Thurs., Fri. | 2PM only  | 5 to 6                    |
| T HELPER IL17                            | THIL17    | NaHeparin (green top) | 10          | 4       | Mon.- Thurs.       | 2PM only  | 5 to 6                    |
| TOLL - LIKE RECEPTOR                     | TLREC     | NaHeparin (green top) | 15          | 8       | Mon.- Thurs.       | 2PM only  | 5 to 6                    |
| T REGULATORY - FOXP3                     | TREG      | NaHeparin (green top) | 10          | 4       | Mon.- Thurs.       | 2PM only  | 5 to 6                    |
| WISKOTT-ALDRICH SYNDROME PROTEIN         | WASP      | NaHeparin (green top) | 10          | 4       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |
| X-LINKED LYMPHOPROLIFERATIVE SYNDROME    | XLP       | NaHeparin (green top) | 10          | 4       | Mon.- Fri.         | 9AM & 2PM | 2 to 3                    |

### SPECIMEN COLLECTION/SUBMISSION/DOCUMENTATION/REQUISITION FORM

- 1 Specimens must be received by the Clinical Immunodiagnostic and Research Lab within 24 hours from the time of blood draw.  
*Recommend timely blood collections and review of the above collection guidelines(see table above).*
- 2 Specimens are to be peripheral blood.
- 3 Proper labeling of specimen tube:
  - ▶ Patient's First and Last Name (correctly spelled)
  - ▶ Medical Record # (Unique Identifier)
  - ▶ Date and Time Drawn
  - ▶ Specimen Type or Source
- 4 Identical information must be provided between the specimen collection tube(s) and the submitted requisition form.
- 5 The lab does not bill third parties; therefore, please be sure to provide complete institutional billing information.
- 6 Each specimen must be provided with a COMPLETE Clinical Immunodiagnostic and Research Laboratory requisition form.

IMPORTANT! Requisition is complete when criteria below are met:

| SPECIMEN RELATED                       | INSTITUTION CONTACT                                        |
|----------------------------------------|------------------------------------------------------------|
| ▶ Patient Name (First and Last)        | ▶ Name of Ordering Physician                               |
| ▶ Medical Record # (Unique Identifier) | ▶ Direct Contact Name and<br>Phone # for Financial Inquiry |
| ▶ Date of Birth                        | ▶ Billing Address                                          |
| ▶ Date and Time Drawn                  | ▶ Fax # to Send Final Reports                              |
| ▶ Specimen Type or Source              |                                                            |
| ▶ Select Test(s) Requested             |                                                            |

### SHIPPING AND HANDLING

- 1 Specimens are to be shipped Sunday through Thursday for first priority overnight earliest delivery by 8AM.  
*Highly Recommend Federal Express: **FIRST PRIORITY OVERNIGHT.***  
*Highly Recommend UPS: **NEXT DAY AIR EARLY A.M.***
- 2 Call the Clinical Immunodiagnostic and Research Lab at 414-456-4165 with tracking # and name of delivery service.
- 3 DOT and IATA requirements for shipping diagnostic specimens:
  - ▶ Place specimen in a leakproof primary receptacle.
  - ▶ Place primary receptacle in leakproof secondary vessel.
  - ▶ Place absorbent material between the primary and secondary packaging.
  - ▶ Primary receptacle or the secondary packaging must meet the required pressure differential of 95 kPa without leaking.
  - ▶ An itemized list of contents must be enclosed between the secondary packaging and the outer packaging.
  - ▶ Package and Air Waybill must show the text: "Diagnostic Specimen" and labeled with the UN3373 designation.
- 4 Specimens must maintain room temperature during transport.  
*Recommend the use of insulated shipping containers.*
- 5 All delivery carriers (local and non local), deliver to the Medical College of Wisconsin **LOADING DOCK**.  
 LOADING DOCK entrance is located off of Watertown Plank Road between 87th & 92nd streets.  
**Medical College of Wisconsin LOADING DOCK hours are 8AM to 3PM (Monday thru Friday); closed on weekends.**

| SPECIMEN DELIVERY ADDRESS                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical College of Wisconsin<br>Clinical Immunodiagnostic and Research Laboratory<br>MACC Fund Research Center, Room 5072<br>8701 Watertown Plank Road<br>Milwaukee, WI 53226 |