

TEST TYPE

- TUNEL TEST
- FISH analysis of sperm fluid

NOTE:

IN CASE BOTH ANALYSES ARE REQUESTED, IT IS PREFERABLE TO HAVE TWO SEPARATE SAMPLE COLLECTIONS.

SAMPLE REQUIREMENT

- SEMINAL FLUID:
 - minimum quantity 2mL
- STERILE WIDE MOUTH PLASTIC CONTAINER WITH SCREW CAP OR CONICAL STERILE TUBE 13X150, 15ML FALCON.

N.B.

MAINTAIN 3-5 DAYS OF SEXUAL ABSTINENCE BEFORE COLLECTION.

COLLECTION DEVICE



OPERATING PROCEDURES

- ENSURE THAT THE CONTAINER IS TIGHTLY SCREWED AND SEAL IT WITH PARAFILM
- (For laboratories: recommended to transfer sample into a 15mL Falcon tube, seal with parafilm, avoiding use of the wide mouth container.)
- Ship to the laboratory within 24 hours after collection.
- STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

TEST TYPE

- KARYOTYPE
- AFP
- MOLECULAR KARYOTYPE -aCGH IN AMNIOTIC FLUID

SAMPLE REQUIREMENT

- AMNIOTIC FLUID:
 - minimum quantity 10mL
- CONICAL STERILE TUBE 13x150, 15mL

Note

IN CASE OF HEMATIC/BROWN AMNIOTIC FLUID, ALSO SEND MATERNAL BUCCAL SWAB TO RULE OUT MATERNAL CONTAMINATION.

COLLECTION DEVICE



OPERATING PROCEDURES

- Ship to the laboratory within 12/24 hours after collection.
- STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

TEST TYPE

- KARYOTYPE
- MOLECULAR KARYOTYPE -aCGH IN CHORIONIC VILLI

SAMPLE REQUIREMENT

- CHORIONIC VILLI:
- minimum quantity 20mg/0.5mL
- CONICAL STERILE TUBE 13x150, 15mL added with transport medium +
- ALWAYS SEND TOGETHER A MATERNAL BUCCAL SWAB (TO RULE OUT MATERNAL CONTAMINATION)**

COLLECTION DEVICE



OPERATING PROCEDURES

- Ship to the laboratory within 12/24 hours after collection.
- STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

TEST TYPE

MOLECULAR KARYOTYPE -aCGH ON PRODUCT OF CONCEPTION

SAMPLE REQUIREMENT

- PRODUCT OF CONCEPTION:
- minimum quantity 20mg/0.5mL
 - STERILE WIDE MOUTH PLASTIC CONTAINER WITH SCREW CAP.

or

- CONICAL STERILE TUBE
- 13x150; 15mL adding physiological solution


ALWAYS SEND TOGETHER A MATERNAL BUCCAL SWAB (TO RULE OUT MATERNAL CONTAMINATION)


COLLECTION DEVICE




OPERATING PROCEDURES

- **MAKE SURE THE SPECIMEN IS TIGHTLY CLOSED AND THEN SEAL IT WITH PARAFILM.**
- Collect in a sterile container with physiological solution (if possible, add a few drops of antibiotic).
- **IMPORTANT:** the product of conception must necessarily be sent as a villus or skin flap if the gestational age is greater than 12 weeks.
- Ship to the laboratory within 12/24 hours after collection.
- STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.
- **NB:** FOR DELIVERY AFTER 24 HOURS, STORE AT CONTROLLED TEMPERATURE (+4°C - +8°C)

TEST TYPE	SAMPLE REQUIREMENT	COLLECTION DEVICE	OPERATING PROCEDURES
KARYOTYPE	<p>WHOLE BLOOD</p> <ul style="list-style-type: none"> minimum quantity 5mL <p>GREEN CAP TUBE</p> <ul style="list-style-type: none"> 13x100, 6,0 mL (Sodium Heparin,Lithium Heparin) 		<ul style="list-style-type: none"> Ship to the laboratory within 12/24 hours after collection. STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

TEST TYPE	SAMPLE REQUIREMENT	COLLECTION DEVICE	OPERATING PROCEDURES
<p>CMOLECULAR KARYOTYPE ON PERIPHERAL BLOOD</p> <p>High-resolution oligonucleotide array-CGH</p>	<p>WHOLE BLOOD</p> <ul style="list-style-type: none"> minimum quantity 5mL <p>PURPLE CAP TUBE (K2 EDTA)</p>		<ul style="list-style-type: none"> Ship to the laboratory within 12/24 hours after collection. STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

TEST TYPE	SAMPLE REQUIREMENT	COLLECTION DEVICE	OPERATING PROCEDURES
BI-TEST	<p>SERUM:</p> <ul style="list-style-type: none"> minimum quantity 5mL RED CAP TUBE (gel + clot activator phase separator) <p>OR</p> <ul style="list-style-type: none"> YELLOW CAP TUBE 		<ul style="list-style-type: none"> Ship to the laboratory within 12/24 hours after collection. STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

INSTRUCTIONS FOR USE

1

SAMPLE LABELING

Place the examination and patient identification label "vertically" on the tube as shown in Figure 1.



(Figure 1)

Label the tube specifying:

1. patient's first and last name
2. date of birth of the patient

2

SAMPLE PACKAGING

Place the tube in the red BIO HAZARD envelope for international shipments (Figure 2) or the BLUE BIO HAZARD envelope for UK shipments (Figure 3) and then into the shipping container provided.



(Figure 2)



(Figure 3)

3

FORMS

The specific request form and consent, completed and signed, must be provided with the sample. It is recommended to fill out the section of the test request form regarding the indications for testing.

Comprehensive Test Requisition Form (TRF)

External Code: _____

Date: _____

SENDING FACILITY INFORMATION

Facility Name _____ Address _____

City _____ Country _____ Zip _____ Phone _____

PATIENT INFORMATION

CYTOBRUSH BUCCAL SWAB SAMPLING INSTRUCTIONS

- Do not eat
- Do not drink
- Do not smoke
- Do not chew gum
- Do not brush teethn bere

Make sure buccal swabs are well sealed before sampling.

1. Perform a mouth rinse with room temperature natural water.
2. Open the package from the side opposite the swab bristles.
3. Take out the swab

WARNING! Do not touch the head of the swab to avoid contamination.

4. Place the swab on the left side of the mouth, then rub the swab on the inside of the cheek in the space when the lower gums meet the cheek for at least 60 seconds (repeat on the right side of the cheek).

5. Insert the swab back into the packet in which it was contained. Close the packet by folding it back on itself a couple of times.

WRITE THE PATIENT'S FIRST NAME, LAST NAME AND DATE OF BIRTH ON THE SWAB PACKAGE.

6. Store and ship samples at room temperature

