#### SAMPLE COLLECTION AND TRANSPORT INSTRUCTIONS FOR CYTOGENETICS

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#### **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.



#### SAMPLES COLLECTION AND SENDING PROCEDURES FOR CYTOGENETIC

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#### **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: Ithe 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)



## SAMPLES COLLECTION AND SENDING PROCEDURES FOR CYTOGENETIC

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#### **TEST TYPE**

#### **KARYOTYPE**

## **SAMPLE REQUIREMENT**

#### WHOLE BLOOD

• minimum quantity 5mL

#### **GREEN CAP TUBE**

- 13x100, 6,0 mL
- (Sodium Heparin,Lithium Heparin)

## COLLECTION DEVICE



#### **OPERATING PROCEDURES**

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

#### TEST TYPE

# CMOLECULAR KARYOTYPE ON PERIPHERAL BLOOD

High-resolution oligonucleotide array-CGH

## **SAMPLE REQUIREMENT**

## WHOLE BLOOD • minimum quantity 5mL

PURPLE CAP TUBE (K2 EDTA)

## **COLLECTION DEVICE**



#### **OPERATING PROCEDURES**

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

#### **TEST TYPE**

#### **BI-TEST**

## **SAMPLE REQUIREMENT**

#### **SERUM:**

- minimum quantity 5mL
- RED CAP TUBE (gel + clot activator phase separator)

OR

YELLOW CAP TUBE

## **COLLECTION DEVICE**



#### **OPERATING PROCEDURES**

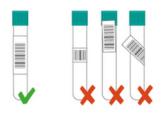
- Ship to the laboratory within 12/24 hours after collection.
- STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

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## **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:

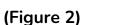
- $1.\, {\hbox{patient's first and last name}}$
- 2. date of birth of the patient



## **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 3)



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.

eurofins			Mod.PR11.A1 ENG Rev.04
	Genoma	FACILITY TYPE  Physician  Referral Lab  Hospital	Stamp
Comprehensive Test Requisition Form (TRF)			
External Code:			Date:
SENDING FACILITY INFORM	IATION		
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 cheeck 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



