

## TEST TYPE

### NIPT TEST (PRENATALSAFE)

#### Note:

fill out the dedicated form and consent

#### N.B.

For the following tests:

- PRENATALSAFE COMPLETE
- PRENATALSAFE COMPLETE PLUS

It is necessary to send:

- TWO STRECK-TUBES with maternal blood

In association with:

- ONE EDTA TUBE with paternal blood or ONE paternal BUCCAL SWAB properly labeled and the dedicated form completely filled out.
- Alternatively, you can request and use our COMPLETE MINI KIT.

## SAMPLE REQUIREMENT

### DEDICATED KIT

- STRECK-TUBE for cell-free DNA: CFDNA minimum quantity 8mL

### COMPLETE MINI KIT:

- STRECK-TUBE for the collection of maternal blood sample
- BUCCAL SWAB (Copan) or EDTA TUBE for the collection of paternal blood sample
- PR 11 H7 ENG Form rev.01 (GeneSafe™ Paternal DNA )

#### N.B.

ALWAYS CHECK THE EXPIRATION DATE OF THE TUBE BEFORE THE USE. FILL IN THE TUBE LABEL WITH THE PATIENT'S FIRST NAME, LAST NAME AND **DATE OF BIRTH**

## COLLECTION DEVICE

PrenatalSafe:



PrenatalSafe Complete/  
PrenatalSafe Complete Plus



## OPERATING PROCEDURES

- Fill the tubes to the black mark. Mix the tubes by inverting 10 times making sure that the entire inner surface is covered with blood.
- Prepare the sample according to the kit instructions using the provided material (sponge protector, previously refrigerated gel packs, bio hazard bag).
- Ship to the laboratory within 24 hours after collection.
- **STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE**

## TEST TYPE

### EASILYCARE BLADDER

**Note:**

fill out the dedicated form and consent

## SAMPLE REQUIREMENT

### DEDICATED KIT

#### URINE

- minimum quantity 10mL

#### URINE SPECIMEN COLLECTION KIT:

- 50 mL Falcon tube for sample collection
- Clear plastic container
- Absorbent cloth

## COLLECTION DEVICE



## OPERATING PROCEDURES

- Proceed with urine collection following the instructions in the kit.
- The minimum volume required is 10mL; the ideal amount would be 50mL.
- The collected sample should be stored at a temperature of 2-8°C for at least 2 hours and until shipment.
- Ship to the laboratory within 12 hours after collection.
- Wrap the sample using previously refrigerated gel packs and bio hazard bag.
- STORE AND TRANSPORT SAMPLES AT CONTROLLED TEMPERATURE.

**IMPORTANT: THE SAMPLE MUST ARRIVE AT THE LABORATORY WITHIN A MAXIMUM OF 3 DAYS AFTER COLLECTION.**

## TEST TYPE

## SAMPLE REQUIREMENT

## COLLECTION DEVICE

## OPERATING PROCEDURES

## E-READY

## DEDICATED KIT

Use **ONLY** the collection device included in our kit.

- Perform the endometrial biopsy using the pipette included in the kit, following the sampling instructions.
- Store the test tube in the refrigerator (4-8°C) for at least 4 hours. Then place the test tube in the absorbent holder and then in the clear plastic bag. Store it in the transport box.
- Ship to the laboratory within 6/12 hours after collection.
- **STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.**

**Note:**

fill out the dedicated form and consent

Order the E-ready test by writing an e-mail to

[logistica@laboratorigenoma.it](mailto:logistica@laboratorigenoma.it)

Upon receipt of the request, an e-mail will be sent confirming that the order has been registered.

Per informazioni chiamare il Numero Verde 800 501 651

## TEST TYPE

## ELIGIBLE SAMPLE

## COLLECTION DEVICE

## OPERATING PROCEDURES

MOLECULAR GENETICS TESTS: PERIPHERAL BLOOD

## WHOLE BLOOD

- minimum quantity 4mL

PURPLE CAP (K2 EDTA)  
13x75, 4,0 mL



- Store the tube at room temperature or in the refrigerator at +4°C until shipment.
- Ship to the laboratory within 24 hours after collection.
- **STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.**

## TEST TYPE

MOLECULAR GENETICS  
TESTS: BUCCAL SWAB

## SAMPLE REQUIREMENT

CYTOBRUSH  
send 2 cytobrush

## COLLECTION DEVICE



## OPERATING PROCEDURES

- Use sterile CYTOBRUSH, taking care to rub well inside the oral mucosa and store them in their case by closing it properly (paper clips, scotch tape).
- Ship to the laboratory within 24 hours after collection.
- STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

## TEST TYPE

MOLECULAR GENETICS  
TESTS: BIOPSIES/TISSUES

## SAMPLE REQUIREMENT

BIOPSIES/TISSUES

- STERILE WIDE MOUTH PLASTIC CONTAINER WITH SCREW CAP.

- PARAFFIN BLOCK

**DO NOT USE FORMALIN AS  
THE SAMPLE WILL RUIN.**

## COLLECTION DEVICE



## OPERATING PROCEDURES

- Store the harvested tissues in 1mL of sterile physiological solution for molecular investigations.
- IT IS RECOMMENDED TO CLOSE TIGHTLY TO PREVENT SPILLAGE
- Ship to the laboratory within 24 hours after collection.
- STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

## TEST TYPE

MOLECULAR GENETICS  
TESTS: AMNIOTIC FLUID

**IMPORTANT:**

REPORT WHETHER THE  
PREGNANCY WAS  
ACHIEVED THROUGH  
HETEROLOGOUS FEMALE  
ASSISTED REPRODUCTION  
(EGG DONATION OR  
EMBRYO DONATION)

## SAMPLE REQUIREMENT

AMNIOTIC FLUID:

- minimum quantity 10mL
  - CONICAL STERILE TUBE  
13x150, 15mL
- N.B**
- 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

MOLECULAR GENETICS  
TESTS: CHORIONIC VILLI

**IMPORTANT:**

REPORT WHETHER THE  
PREGNANCY WAS  
ACHIEVED THROUGH  
HETEROLOGOUS FEMALE  
ASSISTED REPRODUCTION  
(EGG DONATION OR  
EMBRYODONATION).

## SAMPLE REQUIREMENT

CHORIONIC VILLI

- minimum quantity  
20mg/0.5mL
- CONICAL STERILE TUBE
- 13x150, 15mL adding  
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 GENETICS  
TESTS: PRODUCTS OF  
CONCEPTION

**IMPORTANT:**  
REPORT WHETHER THE  
PREGNANCY WAS  
ACHIEVED THROUGH  
HETEROLOGOUS FEMALE  
ASSISTED REPRODUCTION  
(EGG DONATION OR  
EMBRYODONATION).

## SAMPLE REQUIREMENT

PRODUCTS OF CONCEPTION:

- minimum amount  
20mg/0.5mL
- STERILE PLASTIC  
CONTAINER, WIDE MOUTH,  
WITH SCREW CAP.

or

CONICAL STERILE TUBE

- 13x150; 15mL adding  
physiological solution

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

**DO NOT USE FORMALIN AS  
THE SAMPLE WILL RUIN.**

## 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 sampling.
- STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

**NB:**

- FOR DELIVERY AFTER 24 HOURS, STORE AT CONTROLLED TEMPERATURE (+4°C - +8°C)

## TEST TYPE

## ONCONEXT LIQUID

**Note:**  
fill out the specific form and consent

## SAMPLE REQUIREMENT

## WHOLE BLOOD

## 2 STRECK-TUBE

- for cell-free DNA: CFDNA minimum amount 8mL for each tube

## COLLECTION DEVICE



## OPERATING PROCEDURES

- Fill the test tubes to the black mark.
- Mix the tubes by inverting 10 times making sure that the entire inner surface is covered with blood.
- Ship to the laboratory within 24 hours after sampling.

STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

## TEST TYPE

## ONCONEXT TISSUE:

**Note:**  
fill out the specific form and consent

## SAMPLE REQUIREMENT

- TUMOR TISSUE IN PARAFFIN
- FRESH TISSUE
- HISTOLOGICAL SLIDES
- Tissue sample fixed in formalin and included in paraffin:
- the optimal tissue sample should have an area of about 25 mm<sup>2</sup> and a thickness of over 80 microns
- The optimal tissue sample is with high cellularity (avoid injured cells containing only cytoplasm and tissues with a high fibrotic component) and high tumor cell content

## COLLECTION DEVICE

**IMPORTANT:**

When submitting multiple slides/blocks:

- Individually number/identify each slide/block sent
- Indicate each slide/block submitted, with its numbering, on the TRF.
- indicate the slide/block to be analyzed.

## OPERATING PROCEDURES

- Ship to the laboratory within 24 hours after sampling.

STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

## TEST TYPE

## ONCONEXT RISK:

**Note:**

fill out the specific form and consent

## SAMPLE REQUIREMENT

## WHOLE BLOOD

- minimum quantity 4mL

## PURPLE CAP

13x75, 4,0 mL (K2 EDTA)

## COLLECTION DEVICE



## OPERATING PROCEDURES

- Store the tube at room temperature until shipment.
- Ship to the laboratory within 24 hours after collection.
- STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.

## TEST TYPE

## FERTISCAN

**Note:**

fill out the specific form and consent

## SAMPLE REQUIREMENT

## WHOLE BLOOD

- minimum quantity 4mL

## PURPLE CAP

13x75, 4,0 mL (K2 EDTA)

## COLLECTION DEVICE



## OPERATING PROCEDURES

- Store the tube at room temperature until shipment.
- Ship to the laboratory within 24 hours after collection.
- STORE AND TRANSPORT SAMPLES AT ROOM TEMPERATURE.



## TEST TYPE

SALIVA SAMPLE FOR  
MOLECULAR GENETICS**Note:**

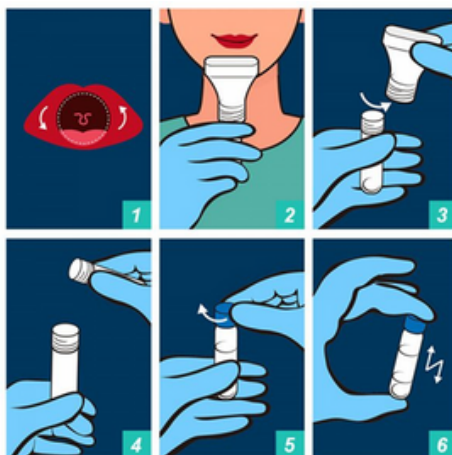
fill out the specific form and  
consent

## SAMPLE REQUIREMENT

- Intended specifically for self  
sampling or noninvasive  
sampling.

## SALIVA SAMPLE

- minimum quantity about 2mL



## COLLECTION DEVICE



## OPERATING PROCEDURES

In the half hour preceding the withdrawal  
**AVOID:**

1. drink coffee
2. eat
3. chew gum
4. smoke

- Proceed with sample collection following  
the instructions in the kit.
- Store the tube at room temperature until  
shipment.
- Ship to the laboratory within 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

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.

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)



Genoma

## FACILITY TYPE

- ☐ Physician  
☐ Referral Lab  
☐ Hospital

Mod.PR11.A1 ENG Rev.04

Stamp

## Comprehensive Test Requisition Form (TRF)

External Code: \_\_\_\_\_

Date: \_\_\_\_\_

## SENDING FACILITY INFORMATION

Facility Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## PATIENT INFORMATION

## CYTOBRUSH BUCCAL SWAB INSTRUCTIONS

During the hour before collection:

- 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

