

REQUISITION FORM

TELOMERE LENGTH MEASUREMENT

Repeat Diagnostics Inc 309 - 267 West Esplanade Ave. North Vancouver, BC V7M 1A5 Canada Toll Free 1-855-295-7173 Fay 778-340-1144

•	Fax 778-340-1144			
Ordering Physician Last Name:	Patient Information Last Name:			
First Name:	First Name:			
Hospital:	Patient Sample ID#:			
Department:	DOB (mm/dd/yyyy) Gender:			
Address:	Specimen Collection Collect at least 5 ml of blood in a standard EDTA tube, or 10 ml or more if WBC is low or			
City:	unknown.			
State: Zip Code:	Collection Date: (mm/dd/yyyy)			
State: Zip Code:	Collection Time: (hh:mm)			
Authorized Signature: (required)	Lab Contact Person:			
	not bill healthcare insurance companies			
Bill hospital: Address below Credit Card Bill Email	patient: Check Provide address & tel # below for receipt Credit Card (VISA & Mastercard)			
Address:	Credit card number:			
	Exp. date: 3 digit code			
City:	Name on credit card:			
State: ZipCode	Signature of cardholder (required):			
Tel: Email:	For services performed by Repeat Diagnostics, please charge the above credit card in the amount of \$			
TEST INFORMATION Turnaround time: within 3 we 2-Panel Assay - measurements on total lymphocyte				

6-Panel Assay 2-Panel Assay PLUS measurements for B-cells, T-cells and NK cells

Medical Consultation - \$250.00 for a written evaluation by a hematopathologist to accompany the test results. Provide Provide pertinent patient information, such as family history, clinical history, current working diagnosis, symptoms and lab investigations. If the space allocated is not enough, please provide additional information on a separate sheet:

RESULTS: Results can be emailed, faxed or both. Your preference:

Fax number(s): Email address(es):

RDI #: Form US102014

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SPECIMEN COLLECTION AND SHIPPING PROCEDURE

BEFORE COLLECTION OF BLOOD

Sample should **only** be collected and shipped on Monday, Tuesday or Wednesday.

Requisition Form check list

- ☐ requisition is signed by the requesting physician
- □ patient name is filled in and matches blood tube ID (first identifier)
- □ second patient identifier (date of birth, unique ID number) is filled in and matches blood tube
- ☐ result send out contact information is completed
- □ payment information is completed
- □ assay type (2 or 6-panel) and optional consultation are selected accordingly

SPECIMEN COLLECTION

- Label the specimen tube with:
 - Patient Name and ID #
 - Age
 - Sex
 - · Date and time of collection
- · Collect blood in EDTA anti coagulant tube.
- 5-10ml of blood is required for successful testing.
- All blood shipments to Repeat Diagnostics must arrive within 2 days and in good condition.

SPECIMEN PACKING AND SHIPPING

SHIPPING MATERIAL

- Shipping container (UN3373 box 9" X 4" X 4" labeled "Biological Substance Category B)
- Specimen bag or sealable plastic bag.
- Absorbent material such as paper towel.
- Packing tape.
- Address label.
- FedEx Clinical Pak (provided free of charge from FedEx)
- · International Air Waybill.
- Commercial Invoice.
- For more information on how to ship clinical samples visit FedEx at http://images.fedex.com/downloads/shared/packagingtips/pointers.pdf

SHIPPING

- 1. Place blood collection tube(s) in sealable plastic bag.
- 2. Place bag in shipping container. ICE PACKS ARE NOT REQUIRED
- 3. Place enough absorbent material in shipping container so that blood tubes do not roll around.
- 4. Seal shipping container with packing tape.
- 5. Attach address label to top of shipping container.
- 6. Place shipping container and requisition form inside FedEx Clinical Pak.
- 7. Fill out the international Air Waybill form.
- 8. Fill out commercial invoice form. Minimal dollar value must be \$4.00 to ensure rapid customs processing.
- 9. Include 5 copies of the Commercial Invoice with the waybill.
- 10. Ship on day of collection by **FedEx International Priority** to:



Repeat Diagnostics Inc. Suite 309 - 267 West Esplanade North Vancouver, BC V7M 1A5 Canada

11. Inform Repeat Diagnostics by email at test@repeatdiagnostics.com of date shipped and tracking number.



COMMERCIAL INVOICE									
Date of shipment to Canada		Export References (order no., invoice no., etc.)							
Shipper/Exporter (complete name and address)		Consignee (complete name and address)							
		Repeat Diagnostics Inc Suite 309 – 267 West Esplanade Avenue North Vancouver, BC V7M 1A5 Canada T. 604-985-2609							
		F. 778-340-1144							
Country of Export United States			Importer - If other than Consignee						
Country of Origin of Goods		Repeat Diagnostics Customs Broker is:							
United States		FedEx EXPRESSCLEAR							
Country of Ultimate Destination									
Canada									
Shipment is FOB North Vancouver International Air W			Vaybill No						
No. of Pkgs	Type of Packaging	Full Discrip		Qty.	Weight	Unit Value	Total Value		
1	Вох	Specime Non-infe	iman Whole Blood n for Diagnostic Tes ctious, non-hazardo c, non-volatile nercial value	1	0.3 Kilo	4.00	4.00		
1						0.3 Kgs		4.00	
l declare Signatu	e all the information		imate Destination show		rect. Date:				
Print na	me and title:								