

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 <b style="text-align: center;">United States	Importer - If other than Consignee Repeat Diagnostics Customs Broker is: <b style="text-align: center;">FedEx EXPRESSCLEAR
Country of Origin of Goods <b style="text-align: center;">United States	
Country of Ultimate Destination <b style="text-align: center;">Canada	

Shipment is FOB North Vancouver

International Air Waybill No.

No. of Pkgs	Type of Packaging	Full Discription of Goods	Qty.	Weight	Unit Value	Total Value
1	Box	Fresh Human Whole Blood Specimen for Diagnostic Testing Non-infectious, non-hazardous, Non-toxic, non-volatile No commercial value	1	0.3 Kilo	4.00	4.00
1				0.3 Kgs		4.00

These commodities are licensed for the Ultimate Destination shown.

I declare all the information contained in this invoice to be true and correct.

Signature of Shipper: _____ Date: _____

Print name and title: _____

Include 5 copies with the international waybill