National Patient Services Lab Directive

Client Name: HORIZON THERAPEUTICS

Collection Study/Program: Dihydrohodamine (DHR) **Account Number:** 97518578

Pre-Collection/ Order Management

1. **Collect Monday-Thursday prior to 1:00pm. No Friday pick-up, No draws the day prior to a holiday.**
2. **Patient** is responsible for obtaining the DHR Collection Kit Process from their Healthcare Provider prior to specimen collection and for bringing a **healthy, non-related blood donor** to be drawn at the same time. All supplies should be included in the same kit and samples processed and shipped at the same time.
3. The DHR paperwork including ARUP requisition form that will accompany the kit for processing, **MUST** be completed by HCP prior to completing the collection. If kit and paperwork is NOT complete, patient will need to obtain missing items prior to test.
   Check the expiration date on all items.
4. Non-standard PSCs need to direct patient and their control to the nearest QLS lab.
5. Enter test code 16459 in Quanum under client acct #97518578**. Do not add additional test codes to this req. The phlebotomy fee is included in the 16459-order code.**

Collection & Processing

1. ****Important Notice:** There are **2 vials** of blood (green top tubes) required for this test. **One** vial for the patient being tested and the second one from a control person (not related and healthy). **Patient and control MUST be drawn at same time.**
2. Draw 3 to 5 mL of venous whole blood (green top tube) from the patient **AND** 3-5 mL of venous whole blood (green top tube) from the control person into each of the provided vials.
3. **Mark the patient specimen vial and the control specimen vial appropriately using the provided labels**.
4. No processing is necessary. Ship at room temperature.
5. **DO NOT spin, shake, refrigerate or freeze the vials OR the kit!** Live neutrophils are required for this test and therefore, the blood needs to remain at room temperature for successful processing

Specimen Packaging and Shipping

1. Place both vials labeled with “patient” and “control” into the white Aqui-Pak absorbent sleeve, then place sleeve into the 95kPa specimen bag and seal.
2. Place the sealed 95kPa specimen bag into the kangaroo mailer and puncture to inflate.
3. **Complete the ARUP Laboratory Requisition form and place it in the DHR Collection Kit box, close box**
4. Place the DHR Collection Kit box into the provided FedEx envelope, seal envelope with the completed ARUP Laboratory Requisition form.
5. Send the **top copy of the Quest Diagnostics Requisition (orange form)** with Quanum attachment label to nearest Quest QLS Lab for billing/imaging.

Contacts- If you have any questions, PLEASE CALL:

1. Quest Diagnostics National Clinical Call Center **1.866.266.8046 or**
2. Horizon Therapeutics Medical **1.866.479.6742**