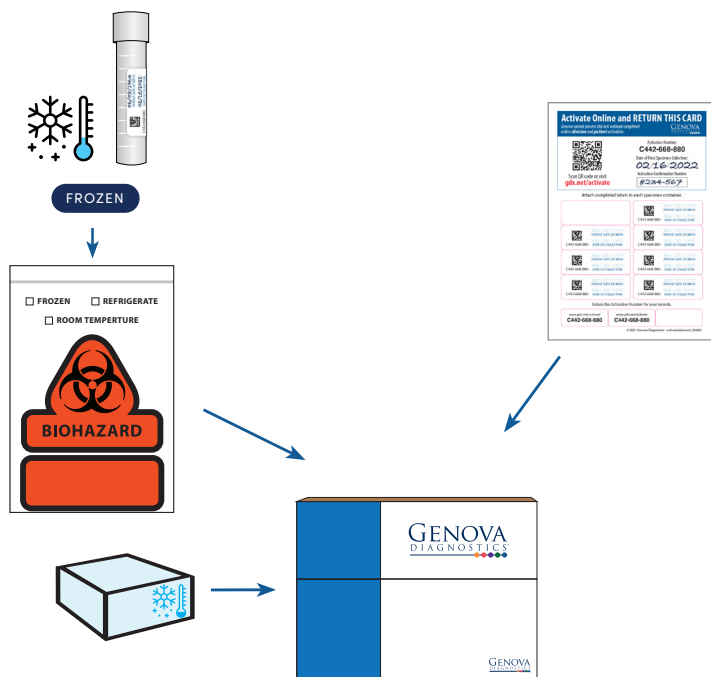


STEP 3

Return Collection Pack

1. Confirm that the tube has a **completed label attached** with patient's **date of birth** and the **date of collection**. Place the freezer brick and biohazard bag with **frozen tube** inside the cardboard box.
2. Visit **gdx.net/activate** to enter the date of your final collection and receive your **confirmation code**. Write the date of collection and your confirmation code on the **activation label card**.
3. Retain a copy of the **activation number** for future reference **using one of the three labels provided on the bottom of the activation label card**. Place the **activation card inside** the box.
4. **Close the cardboard box** and **place** inside the **FedEx shipping bag**. Follow the shipping instructions provided.



Additional resources are available online.
Visit **gdx.net/activate** and enter your requisition number.

Provider Guide



Comprehensive Thyroid
Assessment #4400



Discuss any medications with
your physician as they may
impact results.

BEFORE YOU BEGIN

Ordering Physicians

Visit **gdx.net/mygdx** to order and activate this test using the activation number on the included label card.

STEP 1

Help Patients Plan for Collection

Ship Monday thru Friday and avoid US holidays which may cause delays. Review full clinical guidelines at **gdx.net/tests/prep**.

2 Days Before Collection

It is recommended that high dose biotin is discontinued as it is a direct interferent and may result in false high or low findings.

Night Before Collection

Patients must fast overnight prior to the blood draw.

Freeze freezer brick at least 8 hours.

STEP 2

Specimen Collection







1. Write patient's **date of birth** (DOB) and the **date of collection** on a label provided. Attach the completed label to the **tube** being returned to the lab.



Blood Draw and Processing

2. **Clean the skin** thoroughly with isopropyl alcohol before venipuncture.
3. **Draw blood.**
4. **Prepare blood** using benchchart.

Bench Chart

TUBES	PROCESS	LABEL AND RETURN
 Red SST Tiger-top Tube  Clear Transfer Tube	 Clot for 15 min. while standing in a rack Centrifuge 15 min. at 3000 RPM Transfer at least 3ml of serum to clear transfer tube Freeze at least 2 hours prior to shipping and keep frozen until ready to ship DISCARD USED TUBE	   FREEZE

Activate Online and RETURN THIS CARD

Genova cannot process this test without completed
online **clinician** and **patient** activation.

GENOVA
DIAGNOSTICS



Scan QR code or visit
gdx.net/activate

Activation Number:

C312-374-507

Date of Final Specimen Collection:

MM / DD / YYYY

Activation Confirmation Number

#000-000

Attach completed labels to each specimen container.



C312-374-507

MM / DD / YYYY
PATIENT DATE OF BIRTH
MM / DD / YYYY
DATE OF COLLECTION



C312-374-507

MM / DD / YYYY
PATIENT DATE OF BIRTH
MM / DD / YYYY
DATE OF COLLECTION



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Retain this Activation Number for your records.

www.gdx.net/activate

C312-374-507

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