eurofins | Clinical Diagnostics

Laboratory Guide

www.eurofins.co.uk/clinical-diagnostics

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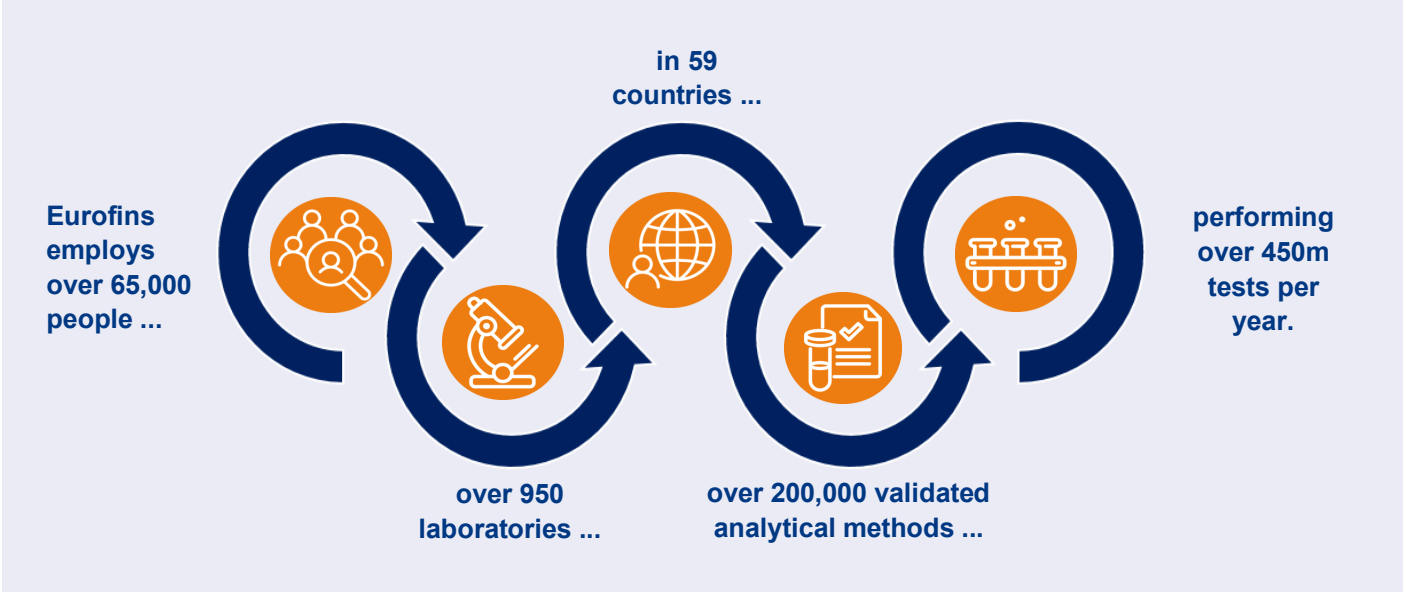
Founded in October 1987, Eurofins Group's mission is to contribute to a safer and healthier world by providing our customers with innovative and high-quality laboratory, research and advisory services whilst creating opportunities for employees and generating sustainable shareholder value.



Clinical Diagnostics

Eurofins Clinical Diagnostics UK Limited (Eurofins Clinical Diagnostics) is a UKAS accredited medical laboratory no. 9256. Eurofins Diagnostics offers clinically led diagnostic / pathology services to the NHS, private clinics and hospitals, as well as wellness and occupational health companies.

In addition to our state of the art purpose built laboratory in Guildford, as part of Eurofins Group we work closely with numerous Eurofins laboratories across Europe.

Our laboratory guide provides an overview of key requirements to assist customers in the collection and preparation of samples to be sent to the laboratory, as well as additional information about our

UKAS MEDICAL

a UKAS accredited medical laboratory no. 9256

Eurofins acquired County Pathology in 2018, the laboratory was expanded and relocated in late 2020, and now operates as Eurofins Clinical Diagnostics.

Scope of Laboratory (Diagnostics & Screening)

Eurofins Clinical Diagnostics UK Ltd is a medical testing laboratory offering a broad repertoire of tests primarily for investigating patient wellness. Eurofins Clinical Diagnostics provides a clinically led diagnostic and screening investigations with interpretive clinical comments where appropriate. The disciplines within Clinical Diagnostics are Blood Sciences, Infection Sciences and Wellness Screens.

Eurofins Clinical Diagnostics
90 Priestley Road
Surrey Research Park
Guildford
Surrey GU2 7AU

Laboratory Opening Hours:
- Monday to Friday: 8am to 10pm
- Saturday: 9am to 5pm (laboratory only)
- Closed Sundays and UK Public Holidays

Contact Customer Services
Monday to Friday: 9am to 5pm
Tel: **01483 450388**
Email: **enquiries@ctuk.eurofins.com**

Please contact Customer Services for Eurofins Clinical Diagnostics' business terms and conditions.

Phlebotomy Services

Phlebotomy appointments are available onsite at our laboratory in Guildford for adults, and children from the age of 25 months.

Contact our Phlebotomy team to book an appointment, once the patient has a completed request form from their clinic.

Phlebotomy services require payment at the time of the appointment, patients are responsible for claiming costs back from clinics and / or insurers if appropriate. GP invoicing is possible for referrals if agreed prior to the appointment.

Contact Phlebotomy
Monday to Friday: 9am to 4:30pm
Tel: **01483 450388**
Email: **phlebotomy@ctuk.eurofins.com**

Phlebotomy Opening Hours:
- Monday to Friday: 9am to 4:30pm

LABORATORY MANAGEMENT

Clinical Advisory Services

Ordering Examinations and Interpretation of Results: a clinical service is available for ordering examinations and interpretation of examination results, please contact Customer Services with your query.

- Customer Services: enquiries@ctuk.eurofins.com / 01483 450388
- Medical Director: Dr Mehdi Mirzazadeh
- Chief Scientific Officer: Dr Roy Naja
- Consultant Chemical Pathologist: Dr Mehdi Mirzazadeh
- Consultant Haematologist: Dr Steve Austin
- Clinical Lead: Dr George Gyamfi-Brobbey

Key Contacts & Managers

- Managing Director: Sam Vine
- Commercial Director: Hannah Blackburn
- Operations Director: George Worthington
- Head of Quality and Governance: Dayan Wijesinghe
- Laboratory Operations Manager: Bashar Dyri

REFERRAL LABORATORIES

For over 35 years Eurofins laboratories have provided general pathology and specialised diagnostic tests. Eurofins Clinical Diagnostics' general pathology testing is performed at our UKAS medical testing laboratory in Guildford, and as part of Eurofins Group we offer an extensive repertoire of tests through our sister laboratories:

- Eurofins Biomnis France, Paris
- Eurofins Biomnis France, Lyon
- Eurofins Genoma, Rome
- Eurofins Genoma, Milan

Eurofins Clinical Diagnostics also work with third party referral laboratories in the UK. These laboratories are selected for their high quality of service and are, wherever possible, ISO 15189:2022 accredited. Referral laboratories located outside of the UK are accredited to the local equivalent of UKAS.

The service and quality of our referral laboratories is regularly reviewed as part of our management review process. Where a referral laboratory has been used for a result, this will be indicated on the patient report. A full list of referral laboratories used by Eurofins Clinical Diagnostics is available upon request.

CQC Registration

Eurofins Clinical Diagnostics is registered with the Care Quality Commission (CQC) - click here for further details. (Eurofins County Pathology Limited trades as Eurofins Clinical Diagnostics).

Accreditation (ISO 15189:2022)

Eurofins Clinical Diagnostics is a UKAS Medical Testing Laboratory 9256. Accredited to BS EN ISO 15189:2022. Click here to view our current UKAS Schedule of Accreditation.

Measurement Uncertainty

For clinicians the variance of test results around a clinical decision value is the uncertainty that has most potential to affect interpretation and clinical management. The analytical uncertainty of measurement of a procedure is the sum of the uncertainties associated with the technical steps required to conduct a test according to the standard operating procedure of the method and associated variables. For the purpose of recording estimates of uncertainty of measurement, the imprecision has been estimated from the 95.5% confidence interval (ie. Test Result ± 2 SD).

Clinical users can request the laboratory to provide this measurement uncertainty for any test, please contact **enquiries@ctuk.eurofins.com**.

Data Protection (GDPR)

Eurofins Clinical Diagnostics, as part of the Eurofins Group, take steps to ensure that personal information is collected, used and shared lawfully, in accordance with data protection and privacy laws, and that the confidentiality and integrity of personal information is upheld. The position of the Eurofins Group towards data protection and privacy is clearly described in the Eurofins Group Code of Ethics: “Eurofins is committed to treating information with respect and protecting personal data from unauthorised disclosure.”

The Eurofins Group respects the privacy of its employees, customers, and other individuals whose personal information it processes in the course of its business activities. If you have any data protection queries, please contact Eurofins Clinical Diagnostics’ Data Protection Officer on **DPO@ctuk.eurofins.com**. Data storage is within the UK.

Feedback, Compliments & Complaints

The satisfaction of our service is of paramount importance. All feedback on this Laboratory Guide or any other aspect of the service is welcomed, please email **enquiries@ctuk.eurofins.com** to suggest improvements, make a complaint or give a compliment we can share with our staff. All complaints are treated as confidential, an investigation is undertaken, with corrective and preventive actions introduced where identified.

Good Phlebotomy Practice: Venous Samples

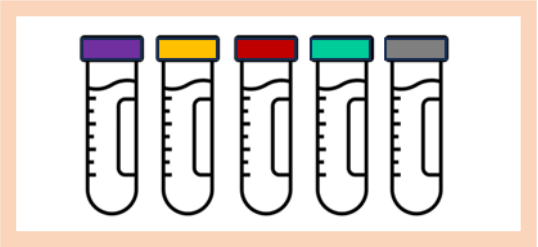
- Those taking blood must have received appropriate training as defined by the National Patient Safety Agency guidelines. The identity of the person collecting the primary sample must be recorded on the form and / or sample with collection date (and time where relevant).
- Identify patient correctly before taking blood. Ask patient to state their name and date of birth and ensure that all details match the request. Ensure the patient meets any pre-examination requirements eg. fasting status, medication status and record on the form as appropriate.
- Use the correct blood tube for the test required. Mix the blood tube gently after collection to ensure activation of any additive. Do not shake.
- The sequence of venous blood tube collection should be:

Urgent test requests must be notified via email or phone:
enquiries@ctuk.eurofins.com
01483 450388

- Do not remove tops to manually fill bottles, vacuum tubes are not designed for use in this way and will leak.
- Gross errors occur when samples have been collected from an area that is receiving an intravenous infusion. Do not take samples from in-dwelling access devices unless specific training has been received.
- Needles and holders are for single use only and must be disposed of immediately into an adjacent sharps container. Needles must not be re-sheathed or removed from the holder.
- Take care to prevent needle stick injuries. If you do have a needle stick injury, contact occupational health or the local emergency department immediately.
- Under-filled / over filled coagulation (citrate) bottles will be rejected as results will be unreliable.
- Ensure that complete identification is clearly written on the bottle immediately after taking samples. Do not pre-label tubes. If labels are used on forms, ensure that they are on all layers of multi-part forms. This ensures an unequivocal link of the request to the samples.
- All blood spillages must be cleaned up immediately. Gloves must be worn, and special care taken with any broken plastic / glass. The contaminated area must be decontaminated with a locally agreed disinfectant.
- Blood cannot be accepted by the laboratory without a fully completed request form / electronic request. Black ball point pen and clear printing must be used to ensure legibility when handwriting any information. See page 9 for further information on request forms.
- Samples sent to the laboratory must arrive in a leak-proof container and comply with transport regulations, see packaging section. Blood tubes should be placed in a plastic bag and linked to the request form.
- We are unable to guarantee the processing of leaking samples. If not processed, these will be disposed of immediately and the requesting user informed.
- Samples should be delivered to the laboratory as soon as possible after collection. Some samples require special handling requirements, contact **enquirires@ctuk.eurofins.com** for details.
- It is the responsibility of the requesting user to ensure that all these requirements are met. The laboratory cannot accept the responsibility of changing any request or sample identification. Incomplete requests and incorrectly labelled samples will be brought to the attention of requesting users and discarded where appropriate.

Good Phlebotomy Practice: Capillary Samples

- The finger is usually the preferred site for capillary testing in an adult patient.
- Specimens requiring a capillary skin puncture are best obtained after ensuring that a hand is warm and thoroughly cleaned.
- With capillary skin punctures the sequence of blood tube collection should be:



NB this is the reverse order of that used for venipuncture blood collection

- DO NOT use a surgical blade to perform a skin puncture.
- DO NOT puncture the skin more than once with the same lancet, or use a single puncture site more than once, because this can lead to bacterial contamination and infection.
- Use an alcohol wipe to sterilise the skin entry site and allow to air dry.
- Use a lancet to puncture the skin to achieve a good flow of blood and to prevent the need to repeat the puncture.
- Wipe away the first drop of blood using a dry tissue because it may be contaminated with tissue fluid leading to unwanted clotting and platelet clumping.
- Avoid squeezing the finger too tightly because this dilutes the specimen with tissue fluid (plasma) and increases the probability of haemolysis.
- Allow droplets of blood to drop into the collection tube and fill to the instructed volume mark.
- If insufficient blood comes from the site, please repeat the previous steps using a fresh lancet on alternative site / finger.
- When the blood collection procedure is complete, apply firm pressure to the site to stop the bleeding and apply a plaster.
- If the kit is supplied with labels, these should be applied to the filled tubes before returning to the laboratory. Alternatively, tubes must be labelled with the patients name, date of birth and date and time of sampling.

See Appendix 1 (page 37) for example capillary blood sample collection instructions (IFU).

Request Form Completion

- It is important that all request forms (paper or electronic) and specimen containers are labelled legibly with the MATCHING relevant patient demographic and clinical details. Accurate patient identification is obviously of vital importance.
- Care must also be taken to follow any necessary protocol where a result could otherwise be adversely affected. If any doubt exists, please contact **enquiries@ctuk.eurofins.com.**
- Samples will NOT be accepted unless there are 3 matching points of identification on both the sample and request form. Incomplete or discrepant points of identification will be rejected and the requesting party informed. Laboratory staff are not authorised to make changes to request forms or samples.
- Please specify specimen collection time and date on all samples and request forms.
- Clinical information is useful for laboratory validation and clinical interpretation of results and to recommend initiation of further investigations where appropriate.
- The following legible information is required on the request form:

  - Patient's Full Name - Surname and Forename (initials are not acceptable)
  - Date of Birth
  - Gender (at birth)
  - Requesting clinician or company and location
  - Relevant clinical information and any drug therapy
  - Tests being requested
  - Type of specimen
  - Date and time of sample collection

SAMPLE REQUIREMENTS: REQUEST FORMS

Request Forms Requirements

- A Eurofins Clinical Diagnostics request form, paper or electronic, must accompany every sample.
- The request form ensures all the required information is provided, which enables the laboratory to provide an efficient service and reduces the risk of the sample(s) being rejected.
- Please be aware that the laboratory cannot accept samples that are classed as group 4 pathogens - these will be incinerated immediately.
- In most cases, the willingness to consent to venipuncture, receipt of a sample and request form is considered inferred consent to test as requested on the request form. If accepted by the laboratory, this is considered an agreement.

Please contact Customer Services on **enquiries@ctuk.eurofins.com** if in any doubt as to which request form to use, or to discuss adding QR codes to your request forms.

See Appendix 4 (page 41) for example of a venipuncture draw request form.

SAMPLE REQUIREMENTS: ACCEPTANCE CRITERIA

Sample Acceptance / Rejection Criteria

All sample types may be rejected if they do not meet the standard requirements for testing. Reasons for rejection are as follows but not limited to:

- Mislabelled or unlabelled samples and / or request forms.
- Haemolysed / clotted / icteric / lipidemic.
- Insufficient sample volume.
- Samples broken or leaked in transit.
- Incorrect sample type received.
- Expired consumables.

SAMPLE REQUIREMENTS: PACKAGING & TRANSPORT

Eurofins Clinical Diagnostics is committed to maintaining the integrity of samples transported to our laboratories, including where courier or postal transportation is not arranged by us. Transport temperatures and sample transport requirements are audited quarterly - see pages 13 to 35 for any special sample requirements.

Sample Packaging Requirements UN3373

- It is important that samples and request forms are packaged securely to avoid leakages.
- Inadequate packaging may result in sample leakage which will result in loss of the sample for testing. There is also the potential exposure of couriers / transport individuals to biological material.
- All specimen transport bags have 2 pockets - the front pocket should be used for the request form, the bigger back pocket should be used for the samples. The big pocket has a sealable top, this should be checked to ensure it is fully closed. If possible place a small piece of absorbent material in with the sample. Any leakage will then be contained within this pocket.
- Placing the request form and sample in separate pockets avoids contamination of the request form should the sample leak.

Transportation & Special Handling Needs UN3373

Any sample that is to be posted or transported by courier must adhere to the following instructions.

- Posted samples must comply with Royal Mail packing regulations.
- Place the sample and request form into the specimen transport bag as described above.
- Place the sealed sample transport bag into a UN3373 approved transport box / container.
- Then place the transport box / container inside the postal envelope / box with UN3373 warning label, and a Track 24 label attached.
- Samples can be posted in Royal Mail Priority postboxes or Royal Mail Customer Service points.

Test Kit Consumables

A range of test kit consumables, as well as Track 24 labels can be provided, please contact **enquiries@ctuk.eurofins.com** for details and pricing.

To avoid samples being held in transit we recommend samples are not posted immediately before a weekend or Bank Holiday.

In extreme weather conditions, to avoid exposing samples to extreme hot or cold temperatures, we recommend samples are sent via a Royal Mail post office rather than post box.

Home test kit samples should be packaged and returned exactly as described in the instructions for use leaflet within the test kit.

RESULTS REPORTING METHODS

- Results will only be sent to the specified clinical results contact. If you require a 2nd professional to receive the results this must be stated on the request form.
- Reports can be sent via HL7 data files to an SFTP, or as encrypted PDF attachment to an email.
- Reference ranges are printed on the laboratory report and are adjusted for sex and age. All results outside these ranges are flagged and highlighted in red.
- Reports can be tailored to include logos and / or display demographics specific to a client's requirements.

Report Options

Please contact **enquiries@ctuk.eurofins.com** to discuss any non standard report formats.

TURNAROUND TIMES

- Turnaround time (TAT) is calculated as the period of time in working days from the sample arrival at the laboratory to the reporting of results.

SAMPLE RETENTION

- Samples are retained and stored in line with The Royal College of Pathologists recommendations for 7 days.

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Test Guide

Eurofins Clinical Diagnostics is a UKAS Accredited Medical Laboratory No. 9256, accredited to BS EN ISO 15189:2022. Click here to view our current UKAS Schedule of Accreditation.

Turnaround time (TAT) is calculated as the period of time in working days from the sample arrival at the laboratory to the reporting of results.

Sample Requirements

Sample types and any special sample requirements are indicated for each test / profile - where samples are available on both venous and capillary samples, the tube types for each sample type are indicated.

When requesting a test that is a calculation, the tests specified in the sample requirements must also be requested.

Blood Sample Tube Type	Available on Venous (V) and / or Capillary (C) Sample	
Serum	V	C
EDTA	V	C
Fluoride Oxalate	V	C
Citrate	V	C
Red Top Serum (Gel Free)	V	C
Lithium Heparin	V	C
Trace (Element Free)	V	C
White Top Serum	V	C

Please contact Customer Services on **enquiries@ctuk.eurofins.com** if you have any queries regarding tests or sample requirements / stability, or for any queries regarding capillary samples / kits / request forms.

Referral laboratory sample requirements and turnaround times are published by the referral laboratory and are subject to change, our Laboratory Guide is updated on receipt of formal notification of any such changes.

TEST GUIDE: SCREENS / PROFILES

Screen / Profile	Screen / Profile Tests	TAT	Sample Type
Arthritis Screen	Rheumatoid Factor, Anti-CCP	3 days	V
Auto Immune Profile	Anti-ENA Abs*, Anti-LKM Abs*, Anti-Parietal Cell Abs (Gastric)*, Mitochondria Abs*, Anit-Nuclear Abs*, Anti-TPO Abs, Anti-TG Abs	8 days	V V
Bone Profile	Calcium, Corrected Calcium, Albumin, ALP, Phosphate	1 day	V C
Clotting Screen*	APTT, Fibrinogen, INR, Prothrombin Time *Sample to arrive at laboratory within 8 hrs.* *Alternatively if sample is spun, separated and frozen within 8 hrs, sample to arrive at laboratory within 6 days.*	3 days	V
Coeliac Profile	IgA Total*, Tissue Transglutaminase IgA*	6 days	V
Enhanced Coeliac Profile	IgA Total*, Tissue Transglutaminase IgA*, Gliadin Abs IgA*, Gliadin Abs IgG*	6 days	V
Free Testosterone Calculated Profile	Total Testosterone, SHBG, Albumin	1 day	V C
G6PD Profile	Glucose 6 Phosphate Dehydrogenase*, Full Blood Count	6 days	V V
Hormone Profile	Follicle Stimulating Hormone, Prolactin, Luteinising Hormone, LH / FSH Ratio, Oestradiol, Progesterone, SHBG, Testosterone	1 day	V C
Iron Studies	Iron, Transferrin, Transferrin Saturation, Ferritin	1 day	V C
Lipid Screen	Cholesterol (Total), High Density Lipoprotein (HDL), Low-Density Lipoprotein (LDL), Chol / HDL Ratio, Triglycerides	1 day	V C
Enhanced Lipid Screen	Apolipoprotein A1, Apolipoprotein B, Apolipoprotein B / A1 Ratio, Cholesterol (Total), High Density Lipoprotein (HDL), Low-Density Lipoprotein (LDL), Chol / HDL Ratio, Triglyceride, Lipoprotein (a), PLA2 Activity	1 day	V
Liver Function	AST, ALT, Albumin, Protein (Total), Globulin, LDH, Bilirubin (Total), GGT	1 day	V C
PSA Advanced	Free PSA, Total PSA, FPSA / TPSA Ratio	1 day	V
Renal Function	Sodium, Urea, Creatinine, EGFR	1 day	V C
Thyroid Profile 1	FT4, TSH	1 day	V C
Thyroid Profile 2	FT4, FT3, TSH, Anti-TPO, Anti-TG	1 day	V C
Thyroid Profile 3	FT4, FT3, TSH	1 day	V C
Thyroid Profile 4	FT4, FT3, TSH, TT4, Anti-TPO, Anti-TG, Reverse T3*	14 days	V V

* Referral Test / Profile

TEST GUIDE: SCREENS / PROFILES

Screen / Profile	Screen / Profile Tests	TAT	Sample Type
Well Man	See page 17	1 day	
Well Woman	See page 17	1 day	
Well Person	See page 17	1 day	
60+ Male	See page 17	1 day	
60+ Female	See page 17	1 day	

* Referral Test

TEST GUIDE: SCREENS / PROFILES

TEST	PROFILE				
	Well Man	Well Woman	Well Person	60+ Male	60+ Female
Alkaline Phosphatase (ALP)	Y	Y	Y	Y	Y
Alanine Transaminase (ALT)	Y	Y	Y	Y	Y
Aspartate Transaminase (AST)	Y	Y	Y	Y	Y
Albumin	Y	Y	Y	Y	Y
Androgen Free Index (FAI)	Y				
B12 Active				Y	Y
B12 Total	Y	Y	Y		
Bilirubin (Total)	Y	Y	Y	Y	Y
CA125 (Ovary)		Y			Y
CRP	Y	Y	Y	Y	Y
Calcium	Y	Y	Y	Y	Y
Corrected Calcium	Y	Y	Y	Y	Y
Cholesterol	Y	Y	Y	Y	Y
Cholesterol : HDL Ratio	Y	Y	Y	Y	Y
Creatinine	Y	Y	Y	Y	Y
EGFR	Y	Y	Y	Y	Y
Ferritin	Y	Y			
Folate	Y	Y		Y	Y
Full Blood Count	Y	Y	Y	Y	Y
GGT	Y	Y	Y	Y	Y
Globulin	Y	Y	Y	Y	Y
Glucose	Y	Y	Y	Y	Y
HDL Cholesterol	Y	Y	Y	Y	Y
HDL Chol %				Y	Y
HbA1c	Y	Y	Y	Y	Y
hsCRP	Y	Y	Y		
Iron	Y	Y	Y	Y	Y
LDH	Y	Y	Y	Y	Y
LDL	Y	Y	Y	Y	Y
Non-HDL Cholesterol	Y	Y	Y	Y	Y
PSA Total	Y			Y	
Phosphate	Y	Y	Y	Y	Y
Protein (Total)	Y	Y	Y	Y	Y
SHBG	Y				
Sodium	Y	Y	Y	Y	Y
Testosterone	Y				
Thyroid Stimulating Hormone (TSH)	Y	Y	Y	Y	Y
Thyroxine-Free (Free T4)	Y	Y	Y	Y	Y
Triglycerides	Y	Y	Y	Y	Y
Urea	Y	Y	Y	Y	Y
Uric Acid	Y	Y	Y	Y	Y
Vitamin D (25 OH)				Y	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
12,5-Dihydroxyvitamin D	6 days		V	Y
17-Hydroxyprogesterone	5 days	Specify patient's age, sex and phase of cycle. For women the sample must be taken at the start of follicular phase.	V	Y
5HIAA (24H)	7 days		Urine	Y
ACE	5 days		V	Y
Acid Phosphatase	7 days		V	Y
ACTH - Corticotrophin	4 days	Sample to arrive at laboratory within 4 hrs. Stop Biotin 8 days before taking sample.	EDTA + Aprotinin	Y
Activated Protein C Resistance	4 days	Sample to arrive at laboratory within 4 hrs.	V	Y
Adenovirus IgG	11 days		V	Y
Adiponectin	16 days		V	Y
Alpha Fetoprotein (AFP)	3 days	Stop Biotin 8 days before taking sample.	V	Y
Albumin	1 day		VVCC	N
Aldosterone	5 days	Sample to arrive at laboratory within 4 hrs. Specify if standing or reclined. Optimal sampling conditions according to SFE / SFHTA / AFCE: in the morning, more than 2 hrs after waking up, in a sitting position after 5 to 15 minutes.	V	Y
Alkaline Phosphatase (ALP)	1 day		VVCC	N
ALP Isoenzymes	5 days		V	Y
Alanine Transaminase (ALT)	1 day		VVCC	N
Aluminum	7 days		V	Y
Anti-Mullerian Hormone (AMH)	1 day	Sample stability 3 days.	VC	N
Amylase Pancreatic	1 day		VC	N
Amyloid A Protein	10 days		V	Y
Androstenedione	7 days		V	Y
Anti-Adrenal Gland Antibodies	10 days		V	Y
Anti-Cardiolipin Antibodies IgG	6 days		V	Y
Anti-Cardiolipin Antibodies IgM	6 days		V	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Anti-CCP	1 day		V	N
Anti-ENA Abs	6 days		V	Y
Anti-LKM Abs Endoplasmic Reticulum	6 days		V	Y
Anti-Mitochondrial Antibodies - Screening & Titration	7 days		V	Y
Anti-Neutrophil Cytoplasmic Abs (ANCA)	7 days		V	Y
Anti-Nuclear Antibodies (ANA)	6 days		V	Y
Anti-Parietal Cell Abs Gastric	5 days		V	Y
Anti-PLA2R Abs	10 days		V	Y
Anti-Potassium Channel Abs - Lgi1 Caspr2	11 days		V	Y
Anti-Streptodornase B ASD	6 days		V	Y
Anti-Streptolysin O Ab	6 days		V	Y
Antithrombin Antigen	10 days	Sample to arrive at laboratory within 4 hrs. Requires Clinical Form R5-INTGB.	V	Y
Anti-Thyroglobulin Ab (Anti-TG)	1 day		V	N
Anti-Thyroid Peroxidase Ab (Anti-TPO)	1 day		V	N
Apolipoprotein A1	1 day		V	N
Apolipoprotein B	1 day		V	N
Apolipoprotein E	7 days	Fasting sample required.	V	Y
Arsenic	7 days		V	Y
Aspartate Transaminase (AST)	1 day		V V C C	N
Babesia Parasites	11 days		V	Y
Bartonellosis B. Henselae - B. Quintana IgG	6 days		V	Y
Bence Jones Protein	5 days	Morning urination required.	Urine	Y
Beta 2 Glycoprotein 1 IgG	6 days		V	Y
Beta 2 Glycoprotein 1 IgM	6 days		V	Y
Beta 2 Microglobulin	4 days		V	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Bilirubin Total	1 day			N
Bilirubin Total / Free / Combined	4 days	Sample must be light protected.		Y
Blood Culture	10 days	Sample to arrive at laboratory within 8 hrs. Specify body site sample was taken from.	2x blood culture bottles (each filled with 8-10ml of blood)	Y
Blood Film Morphology	1 day			N
Blood Group	1 day			N
Borrelia Burgdorferi IgG / IgM (Lyme Disease)	4 days	Requires clinical and travel history.		Y
Brucellosis (Rose Bengale & Brucellacapt)	10 days			Y
C Peptide	4 days	Fasting - sample to arrive at laboratory within 4 hrs.		Y
C1 Esterase Inhibitor	7 days			Y
C1 Esterase: Function & Total	12 days	Sample to arrive at laboratory within 8 hrs.		Y
C3 Complement	5 days			Y
C4 Complement	5 days			Y
CA 125 (Ovary)	1 day			N
CA 72-4	5 days	Stop Biotin 8 days before taking sample.		Y
CA 15-3	4 days	Stop Biotin 8 days before taking sample.		Y
CA 19-9	4 days	Stop Biotin 8 days before taking sample.		Y
CA 50	7 days			Y
Cadmium	12 days			Y
Cadmium Urine	7 days		Urine	Y
Cadmium / Creatinine Ratio Urine	7 days	Calculation using Cadmium and Creatinine.	Urine	Y
Caeruloplasmin	1 day			N

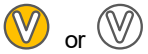
Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Calcitonin	4 days	Fasting - sample to arrive at laboratory within 4 hrs. Stop biotin 8 days before taking sample. In case of protons pump treatment, recommend collecting sample before intake, and in case of possible treatment stopping, collect sample 2 weeks after treatment stopped.	V	Y
Calcium	1 day		VVCC	N
Calcium Urine (24H)	3 days		Urine	Y
Calprotectin (Faeces)	5 days	Requires Clinical Form R29-INTGB.	Stool	Y
Candida Albicans Screening Serology	8 days		Swab	Y
Carotene	7 days		V	Y
Catecholamines	7 days	Sample to arrive at laboratory within 8 hrs.	VV	Y
Catecholamines Urine (24H)	7 days		Urine	Y
Carbohydrate Deficient Transferrin (CDT)	4 days		V	Y
CEA (Bowel)	1 day		VC	N
Cervical Cytology (includes HPVH)	8 days		Thin Prep	Y
CH50 (Classical Pathway)	6 days		V	Y
Chlamydia Swab	4 days		Swab	Y
Chlamydia Trachomatis Urine	5 days		Urine	Y
Chlamydia Trachomatis IgG	8 days	Stop Biotin 8 days before taking sample.	V	Y
Chlamydia Trachomatis IgM	8 days	Stop Biotin 8 days before taking sample.	V	Y
Chlamydia Trachomatis Swab	5 days		Swab with media	Y
Chlamydia Urine	4 days		Urine	Y
Cholesterol	1 day		VVCC	N
Cholesterol : HDL	1 day	Calculation using Cholesterol and HDL.	VVCC	N
Cholinesterase	4 days		V	Y
Chromium	7 days		V	Y
Chromogranin A	9 days		V	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/ N
CMV Cytomegalovirus IgG/IgM Abs	5 days		V	Y
CMV Cytomegalovirus PCR	6 days	Requires Consent Form.	V	Y
Cobalt	7 days		V	Y
Copper	1 day		V V	N
Copper Urine (24H)	7 days		Urine	Y
Calcium Corrected	1 day	Calculation using Calcium and Albumin.	V V C C	N
Cortisol	1 day		V	N
Cortisol (Saliva)	1 day		Saliva	N
COVID-19 (SARS-CoV-2) Anti-N Serology Ig Total	5 days	Requires Consent Form.	V	Y
COVID-19 (SARS-CoV-2) PCR	4 days	Requires specific Request Form & Kit.	Swab	Y
COVID-19 (SARS-CoV-2) Ab - Serology IgG Spike	5 days	Requires Clinical Form R57-INTGB. To be performed during immunological phase only, from day 7 - day 14 after the appearance of the initial clinical symptoms.	V	Y
Coxiella Burnetti Serology (Q-Fever)	6 days		V	Y
Creatine Kinase (CK)	1 day		V V C C	N
Creatine Phosphokinase Isoenzymes (CPK)	10 days		V	Y
Creatinine	1 day		V V C C	N
Creatinine Urine	1 day		Urine	N
Creatinine Urine (24H)	4 days		Urine	Y
CRP	1 day		V V C C	N
CRP High Sensitivity (hsCRP)	1 day		V C	N
Cyclosporin	3 days		V	Y
Cyfra 21-1	6 days		V	Y
Cystatin C	5 days		V	Y
D-Dimers	4 days	Sample to arrive at laboratory within 4 hrs.	V	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Dehydroepiandrosterone (DHEA)	6 days		V	Y
Dehydroepiandrosterone-Sulphate (DHEA-S)	1 day		V C	N
Diamine Oxidase Activity	18 days	Sample to arrive at laboratory within 4 hrs.	V	Y
Digoxin	3 days		V	Y
Dihydrotestosterone	9 days		V	Y
Double Stranded DNA Abs	6 days		V	Y
Drugs of Abuse Hair	32 days		Hair	Y
Drugs of Abuse Urine	16 days		Urine	Y
Early Lung Cancer	21 days		V	Y
EBV Epstein-Barr Virus - Viral Load PCR	4 days		V	Y
EBV IgG Early Ag	10 days		V	Y
EBV VCA Ab IgM	4 days		V	Y
EBV VCA IgG	5 days		V	Y
EBV VCA IgG/IgM & EBNA IgG	5 days		V	Y
eGFR	1 day	Calculation using Creatinine, age and gender.	V V C C	N
Endomysial Abs IgA	5 days		V	Y
Enhanced Liver Fibrosis (ELF)	7 days		V	Y
ESR	3 days	Sample to arrive at laboratory within 2 days.	V	Y
Everolimus	7 days	Requires Clinical Form R13-INTGB.	V	Y
Factor I - Fibrinogen	4 days	Sample to arrive at laboratory within 4 hrs. Requires Clinical Form R5-INTGB.	V	Y
Factor II - Prothrombin - G20210G>A	8 days	Requires Consent Form signed by patient and prescribing pathologist. Requires Request Form B12-INTGB.	V	Y
Factor V Leiden	8 days	Requires Consent Form signed by patient and prescribing pathologist. Requires Request Form B12-INTGB.	V	Y
Faecal Elastase	6 days	Requires Clinical Form R29-INTGB.	Stool	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Full Blood Count (FBC)	1 day			N
Ferritin	1 day			N
Filariasis	11 days			Y
Folate	1 day			N
Free Androgen Index (FAI)	1 day	Calculation using Total Testosterone and SHBG.		N
Free Kappa Light Chains	4 days	Requires clinical context.		Y
Free Kappa Light Chains (24H)	4 days	Requires clinical context.	Urine	Y
Free Lambda Light Chains	4 days	Requires clinical context.		Y
Free Lambda Light Chains (24H)	4 days	Requires clinical context.	Urine	Y
Testosterone Free (Calculated)	1 day	Calculation using Albumin, Total Testosterone and SHBG.		N
Fructosamine	4 days			Y
Follicle Stimulating Hormone (FSH)	1 day			N
Fungal Culture	9 days	Specify part of the body and side.	Skin, Hair, Nails	Y
G6PD	5 days	> 3 months from blood transfusion, FBC must also be requested.		Y
GAD Abs	3 days			Y
Gardnerella Vaginalis by PCR	4 days		Urine	Y
Gastrin	7 days	Sample to arrive at laboratory within 8 hrs.		Y
GGT	1 day			N
Gliadin IgA	6 days			Y
Gliadin IgG	6 days			Y
Globulin	1 day	Calculation using Albumin and Protein (Total).		N
Glucose	1 day			N
Gonorrhoeae Swab	4 days		Swab	Y
Gonorrhoeae Urine	4 days		Urine	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Growth Hormone	3 days	Fasting and resting for 30 minutes before taking sample. Sample to arrive at laboratory within 8 hrs.	V	Y
H. Pylori Ab	2 days		V	N
H. Pylori Antigen	4 days		Stool	Y
Haemoglobin Electrophoresis	5 days	Specify ethnicity.	V	Y
HbA1c	1 day		V V C C	N
HCG-Beta (Pregnancy)	1 day		V C	N
HCG-Beta (Tumour Marker)	1 day		V C	N
HE4 + ROMA	4 days	Sample to arrive at laboratory within 4 hrs. Stop Biotin 8 days before taking sample.	V	Y
Hepatitis A IgG	5 days		V	Y
Hepatitis A IgM	5 days		V	Y
Hepatitis B Core Total Ab	1 day		V	N
Hepatitis B DNA (Viral load)	7 days		V	Y
Hepatitis B Surface Ab	1 day		V	N
Hepatitis B Surface Antigen	1 day		V	N
Hepatitis C Ab	1 day		V	N
Hepatitis C Quantitative PCR (HCV RNA)	7 days		V	Y
Herpes Simplex HSV 1 & 2 IgG	6 days		V	Y
Herpes Simplex HSV 1 & 2 IgM	6 days		V	Y
Herpes Simplex Virus 1 & 2 HSV PCR	4 days		Swab with media	Y
Herpes Virus Type 6 IgG Ab	11 days		V	Y
Herpes Virus Type 6 (HHV6) Viral Load PCR	9 days		Swab with media	Y
High Density Lipoprotein (HDL)	1 day		V V C C	N
Histamine	11 days	Sample to arrive at laboratory within 4 hrs.	V	Y
Histamine Urine	7 days		Urine	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
HIV 1&2 Ab +p24 Ag	1 day			N
HIV-1 RNA Viral Load by PCR	4 days	Sample to arrive at laboratory within 4 hrs.		Y
HIV1/HIV2/HBV/HCV	5 days	Sample to arrive at laboratory within 2 days.		Y
HLA-B27 Genotyping	7 days	Requires Consent Form B12-INTGB.		Y
HLA-DQ	13 days	Requires Consent Form B12-INTGB.		Y
Homocysteine	1 day	Serum tube separated & frozen at -20°C within 4 hrs or Citrated Plasma in dedicated Homocysteine detection tube stored at ambient for 48 hrs.	 Citrated Homocysteine tube	N
HPV	11 days		Swab with media	Y
HPV 14 Types HR RNA Screen	5 days		Thin Prep	Y
HPV 28 Types	5 days		Thin Prep	Y
HTLV 1/2	5 days			Y
IgE Total	1 day			N
IGF-1 Somatomedin (Insulin Growth Factor 1)	7 days	Sample to arrive at laboratory within 8 hrs.		Y
Immunobinding - Immunofixation	5 days			Y
Immunoglobulins (IgG)	5 days	Specify patient's age and gender.		Y
Immunoglobulins A (IgA)	5 days	Specify patient's age and gender.		Y
Immunoglobulins G - IgG1 Subclasses	4 days	Specify patient's age and gender.		Y
Immunoglobulins G - IgG2 Subclasses	4 days	Specify patient's age and gender.		Y
Immunoglobulins G - IgG3 Subclasses	4 days	Specify patient's age and gender.		Y
Immunoglobulins G - IgG4 Subclasses	4 days	Specify patient's age and gender.		Y
Immunoglobulins M (IgM)	5 days	Specify patient's age and gender.		Y
Indirect Antiglobulin Test (IAT) (Coombs)	4 days	Requires Clinical Form R3-INTGB.		Y
Influenza A & B IgG	11 days			Y
Inhibin B - Man	6 days	Sample to arrive at laboratory within 4 hrs. Specify clinical context.		Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Insulin	4 days	Fasting - sample to arrive at laboratory within 8 hrs.	V	Y
Insulin Growth Factor 3 (IGFBP-3)	7 days	Sample to arrive at laboratory within 8 hrs.	V	Y
Inusiln Resistance (HOMA)	4 days	Fasting - sample to arrive at laboratory within 4 hrs. Indicate date and time on tubes. Fasting Glucose must also be requested.	V	Y
Interleukin 6	16 days	Sample to arrive at laboratory within 8 hrs. or must be separated and frozen.	V	Y
Intrinsic Factor Antibody	4 days		V	Y
Iodine	10 days		V	Y
Iodine Urine	7 days	Early morning urine - indicate on request form whether it is for Occupational Medicine.	Urine	Y
Iron	1 day		VVCC	N
Islet Cell Abs	5 days		V	Y
Kelch-Like Protein 11 Ab KLHL11	12 days		V	Y
Lactate Dehydrogenase (LDH)	1 day		V	N
Lactose Intolerance (Faecal pH)	10 days	Requires Clinical Form R29-INTGB.	Stool	Y
Lactose Intolerance Genetic	33 days	Requires Consent Form and Request Form B12-INTGB.	V	Y
LDL Subfractions	12 days		V	Y
Lead	7 days		V	Y
Lead Urine	7 days		Urine	Y
Leptin	7 days	Specify patient's age, height and weight.	V	Y
Lipase	4 days		V	Y
Lipoprotein (a)	1 day		V	N
Lithium	5 days	Requires Clinical Form R13-INTGB. Standard collection: collect the sample in the morning 12 hrs after administration and before any further treatment.	V	Y
Low-Density Lipoprotein (LDL)	1 day	Calculation using Cholesterol, HDL and Triglycerides.	VVCC	N
Lupus Anticoagulant	4 days	Sample to arrive at laboratory within 8 hrs. Specify clinical history.	V	Y
Luteinising Hormone (LH)	1 day		VC	N

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Macroprolactin Prolactin	6 days		V	Y
Magnesium	1 day		VC	N
Magnesium Red Cell	7 days		V	Y
Magnesium Urine	7 days		Urine	Y
Magnesium Urine (24H)	3 days		Urine	Y
Malaria Abs	18 days		V	Y
Manganese	7 days		V	Y
Measles IgG	3 days		V	Y
Measles IgG/IgM	5 days		V	Y
Mercury	7 days		V	Y
Metanephrine Urine (24H)	7 days	Sample to arrive at laboratory within 4 hrs. Adults from 18 yrs old. Do not perform sampling during menstruation period.	Urine	Y
Metanephrines (Plasma)	9 days	Sample to arrive at laboratory within 2 hrs.	V	Y
Methylmalonic Acid	7 days		V	Y
Microalbumin Urine	1 day		Urine	N
Microscopy & Culture Urine	4 days	Mid-stream clean catch urine - sample to arrive at laboratory within 8 hrs.	Urine	Y
Microscopy Urine	1 day		Urine	N
Mitochondria Abs	7 days		V	Y
MRSA Culture Swab	4 days	Specify nose / groin / axilla and side.	Swab	Y
MTHFR gene - c.1298A>C	12 days	Requires Consent Form and Request Form B12-INTGB.	V	Y
MTHFR gene - c.677C>T	12 days	Requires Consent Form and Request Form B12-INTGB.	V	Y
Mumps IgG	5 days		V	Y
Mumps IgG/IgM	5 days		V	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Mycoplasma Genitalium Swab	4 days		Swab	Y
Mycoplasma Genitalium Urine	4 days		Urine	Y
Mycoplasma Pneumoniae IgG	6 days		V	Y
Mycoplasma Pneumoniae IgM	6 days		V	Y
Myoglobin	3 days		V	Y
Neisseria Gonorrhoeae Swab	5 days		Swab	Y
Neisseria Gonorrhoeae Urine	5 days		Urine	Y
Neuron-Specific Enolase	4 days	Sample to arrive at laboratory within 1 hr. Stop Biotin 8 days before taking sample.	V	Y
Non HDL Cholesterol	1 day	Calculation using Cholesterol and HDL.	VVCC	N
N-telopeptides of Type I Collagen (NTX)	18 days	Fasting - sample to arrive at laboratory within 4 hrs.	Urine	Y
NT-proBNP	1 day		V	N
Oestradiol (E2)	1 day		VCC	N
Oestriol (E3)	6 days		V	Y
Oestrone	17 days		V	Y
Omega-3 Index Basic	10 days		V	Y
Omega-3 Index Plus	10 days		V	Y
Omega-3 Index Complete	10 days		V	Y
Osmolality	5 days		V	Y
Osmolality Urine	5 days		Urine	Y
Oste+D287:I306ocalcin	4 days	Sample to arrive at laboratory within 4 hrs. Stop Biotin 8 days before taking sample.	V	Y
Ova & Parasites Stool	4 days	Specify travel history.	Stool	Y
Parainfluenzae 1, 2, 3 - IgG serology	18 days		V	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Parathyroid Hormone	3 days	Sample to arrive at laboratory within 8 hrs. Requires own EDTA tube.	V	Y
Parathyroid Hormone Related Peptide	16 days	Sample to be frozen within 1 hr.	EDTA plasma + Aprotinine (non haemolysed)	Y
Parvovirus B19 IgG/IgM	5 days		V	Y
Per- and Polyfluoroalkyl 7 Compounds Panel	24 days	Patient: no cream, lotion or sunscreen on day of the blood test. Sampler: wearing gloves mandatory, avoid latex. Requires Request Form B107.	V	Y
Per- and Polyfluoroalkyl Extended Panel	24 days	Patient: no cream, lotion or sunscreen on day of the blood test. Sampler: wearing gloves mandatory, avoid latex. Requires Request Form B107.	V	Y
Pertussis Abs (Whooping Cough)	10 days		V	Y
Phosphate	1 day		VC	N
Phosphate Urine (24H)	3 days		Urine	Y
PLAC for Lp-PLA2 Activity	1 day		V	N
Pneumococcus Abs	11 days		V	Y
Poliovirus Abs	18 days		V	Y
Potassium	1 day	Sample to arrive at laboratory within 4 hrs.	VC	N
Prealbumin	5 days	Specify patient's age and gender.	V	Y
Pregnenolone	17 days		V	Y
Pregnenolone Sulphate	13 days		V	Y
Procalcitonin	4 days		V	Y
Procollagen 1 Peptide N-Terminal (P1NP)	5 days	Stop Biotin 8 days before taking sample.	V	Y
Progesterone	1 day		VCC	N
Prolactin	1 day		VC	N
Protein Total	1 day		VVCC	N
Protein / Creatinine Ratio Urine	3 days	Calculation using Protein (Total) and Creatinine.	Urine	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Protein C Antigen	8 days	Sample to arrive at laboratory within 6 hrs. Requires Clinical Form R5-INTGB. Specify current anticoagulant treatment.	V	Y
Protein Electrophoresis Serum	5 days	Specify clinical details.	V	Y
Protein S Activity	17 days	Sample to arrive at laboratory within 6 hrs. Requires Clinical Form R5-INTGB.	V	Y
Protein S Free Ag (PPP)	5 days	Sample to arrive at laboratory within 6 hrs. Specify clinical history.	V	Y
PSA Free	1 day		V	N
PSA Total	1 day		V	N
Red Cell Folate	4 days	Fasting sample required.	V	Y
Renin	5 days	Sample to arrive at laboratory within 4 hrs. Specify if standing or reclined. Optimal sampling conditions according to SFE / SFHTA / AFCE: in the morning, more than 2 hrs after waking up, in a sitting position after 5 to 15 minutes.	V	Y
Respiratory Syncytial Virus (RSV) IgG	11 days		V	Y
Retinol Binding Protein	4 days		V	Y
Reverse T3	14 days		V	Y
Rheumatoid Factor RF	1 day		V	N
Rubella IgG	1 day		V	N
Rubella IgM	3 days		V	Y
Schistosomiasis	7 days		V	Y
Selenium	7 days		V	Y
Selenium Urine	7 days		Urine	Y
Sex Hormone Binding Globulin (SHBG)	1 day		VC	N
Sexually Transmitted Disease Panel STD Swab	11 days	Requires Consent Form.	Swab with media	Y
Sexually Transmitted Disease Panel STD Urine	11 days	Requires Consent Form.	Urine	Y
Skin & Soft Tissue Biopsy	10 days	Specify part of the body.	Tissue	Y
Sodium	1 day		VVCC	N
Sodium Urine (24H)	3 days		Urine	Y
Somatostatin	33 days	Sample to arrive at laboratory within 1 hr.	EDTA + Aprotinin	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Sputum for Culture	6 days		Sputum	Y
Sputum for TB Culture	58 days		Sputum	Y
Stool OCP + Culture (Faeces PCR)	5 days	Specify relevant travel history.	Stool	Y
Syphilis IgG/IgM	1 day		V	N
Tacrolimus	4 days	Sample to arrive at laboratory within 8 hrs.	V	Y
TBQ Quantiferon	5 days	Sample to arrive at laboratory within 8 hrs.	TBQ Kit	Y
Teriflunomide	12 days		V	Y
Testosterone	1 day		V C C	N
Testosterone Free (Calculated)	1 day	Calculation using Albumin, Total Testosterone and SHBG.	V C	N
Testosterone Free (Measured)	6 days		V	Y
Tetanus IgG Immunity	6 days		V	Y
Thyroglobulin Assay	3 days		V	Y
Thyroid Stimulating Hormone (TSH)	1 day		V V C C	N
Thyroxine Total (T4)	1 day		V C	N
Thyroxine Free (Free T4)	1 day		V V C C	N
Tissue Transglutaminase IgA	6 days		V	Y
Tissue Transglutaminase IgG	6 days		V	Y
Total Iron Binding Capacity (TIBC)	1 day	Calculation using Transferrin.	V C	N
Toxoplasmosis IgG/IgM	6 days		V	Y
Transferrin	1 day		V C	N
Transferrin Saturation	1 day	Calculation using Iron and Transferrin.	V C	N
Trichomonas Vaginalis Swab	10 days		Swab	Y
Trichomonas Vaginalis Urine	10 days		Urine	Y
Trichorhinophalangeal Syndrome Type 1	10 days		Tissue	Y
Triglycerides	1 day		V V C C	N

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Triiodothryronine Free (Free T3)	1 day		VVCC	N
Triiodothryronine Total (T3)	4 days	Stop Biotin 8 days before taking sample.	V	Y
Troponin C.I HS (Troponin I)	4 days	Sample to arrive at laboratory within 2 hrs. Specify clinical details.	V	Y
Troponin T	3 days		V	Y
Trypanosoma Cruzi	11 days	Requires Clinical Form R77-INTGB.	V	Y
Tryptase	6 days	Sample taken as soon as possible after anaphylactic shock, and then at +2 hrs and +8 hrs.	V	Y
TSH Receptor Abs	4 days	Stop Biotin 8 days before taking sample.	V	Y
Urea	1 day		VVCC	N
Ureaplasma Swab	4 days		Swab	Y
Ureaplasma Urine (24H)	4 days		Urine	Y
Uric Acid	1 day		VVCC	N
Vaginal Swab (HVS) Culture	6 days		Swab	Y
Varicella Zoster IgG Ab	3 days		V	Y
Varicella Zoster IgM Ab	3 days		V	Y
VDRL (Syphilis)	6 days		V	Y
Vitamin A (Retinol)	7 days		V	Y
Vitamin B1 (Thiamine)	7 days		V	Y
Vitamin B12 Active	1 day		VC	N
Vitamin B12 Total	1 day		VCC	N
Vitamin B2 (Riboflavin)	7 days		V	Y
Vitamin B3 (Nicotinamide)	7 days		V	Y
Vitamin B5 (Pantothenic Acid)	7 days		V	Y
Vitamin B6 (Pyridoxine)	7 days		V	Y
Vitamin B7 (Biotin)	7 days	Sample to arrive at laboratory within 8 hrs. Stop supplements prior to testing.	V	Y
Vitamin C (Active)	7 days	Sample to arrive at laboratory within 3 hrs.	V	Y

Test Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Vitamin D (25 OH)	1 day		VCC	N
Vitamin E (Alpha Tocopherol)	7 days		V	Y
Vitamin K (Nutritional)	12 days	Sample to arrive at laboratory within 8 hrs. Sample should be light protected.	V	Y
VLDL	1 day	Calculation using Triglycerides.	VVCC	N
West Nile Virus	11 days	Requires Clinical Form R28-INTGB.	V	Y
Wolfram Syndrome (EXOME)	45 days		V	Y
Wound Swab C&S	6 days	Specify part of the body and side.	Swab	Y
Zika IgG/IgM	11 days	Requires Clinical Form R28-INTGB.	V	Y
Zinc	1 day		VC	N
Zonulin	11 days		Stool	Y

TEST GUIDE: ALLERGY PANELS

Allergy Panel Name	TAT	Special Requirements	Sample Type	Referral Test Y/N
Adult Food Allergy Panel (PANAA)	6 days	Requires Request Form B62.	V	Y
Adult Respiratory Allergy Panel (PANRA)	6 days	Requires Request Form B62.	V	Y
ALEX Screen (ALEX)	17 days		VC	Y
Allergic Rhinitis Profile (PRORH)	6 days	Requires Request Form B62.	V	Y
B-Lactamine Antibiotics Allergy Panel (PANAB)	10 days	Requires Request Form B62.	V	Y
Cereals Panel (PANCE)	6 days	Requires Request Form B62.	V	Y
Child Food Allergy Panel (PANAE)	6 days	Requires Request Form B62.	V	Y
Child Respiratory Allergy Panel (PANRE)	6 days	Requires Request Form B62.	V	Y
Eczema Profile (PROEC)	6 days	Requires Request Form B62.	V	Y
Egg Panel (PANOE)	6 days	Requires Request Form B62.	V	Y
Exotic Fruits Panel & Latex (PANFE)	6 days	Requires Request Form B62.	V	Y
House Dust Panel (PANPO)	6 days	Requires Request Form B62.	V	Y
Milk & Cow Milk Proteins Panel (PANLA)	6 days	Requires Request Form B62.	V	Y
NSAID & Paracetamol Allergy Panel (PANME)	10 days	Requires Request Form B62.	V	Y
Nuts Allergy Panel (PANFC)	6 days	Requires Request Form B62.	V	Y
Professional Allergens Panel (PANAP)	6 days	Requires Request Form B62.	V	Y
Seafood Allergy Panel (PANPM)	6 days	Requires Request Form B62.	V	Y
Venom & Insect Allergy Profile (PANIN)	6 days	Requires Request Form B62.	V	Y

Appendices

APPENDIX 1: CAPILLARY SAMPLE IFU

Your Step-by-Step Guide To Performing Your Finger-Prick Blood Test

Instructions

eurofins | Clinical Diagnostics

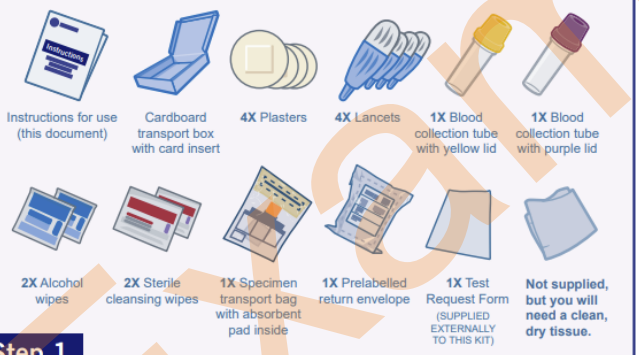
Top Tips

- Blood flow is better when taking a finger-prick test straight after a warm shower or bath.
- As with any blood test, it helps to stay hydrated. Drinking a couple of glasses of water about 30 minutes before you do the test will aid blood flow.
- Gravity can help with blood flow so if you can, stand whilst doing the test, but make sure you have a chair nearby in case you feel light-headed.
- Read through these instructions and follow each step. You may be used to taking finger-prick blood tests from other providers but it is important you follow these instructions to ensure your sample is suitable for testing in our laboratories.
- Once you have taken your sample, pack it up as detailed below and pop into the post as soon as possible. Please avoid posting on a weekend or before a bank holiday.
- Do read all the instructions before you start, and check collections times of your local priority post box.

Warnings

- Do not use if the kit, packaging or contents is damaged.
- This kit is suitable for adults aged 18+.
- Human use only.
- The components of this kit are single use only; do not reuse any item.
- You will need a separate kit for each person doing a test, and each kit must only be used by the person whose name was used when ordering the kit.
- Do not use the kit beyond the expiry date of the kit (found on the back of the box).
- Do not use the kit if your finger is red, hot or swollen.
- There is an increased risk of bleeding if you are taking anticoagulant medication. If you continue to bleed after you have filled the tube(s), seek medical advice.
- Gel barrier contains components from bovine origin.

Step 1



Remove all the contents of your kit from the box and lay on a clean surface to familiarise yourself with each component. Remove the lid from the blood collection tube and place collection tube securely in the hole within the card insert before proceeding.

If any component is missing, call 01483 450388 or email enquiries@ctuk.eurofins.com

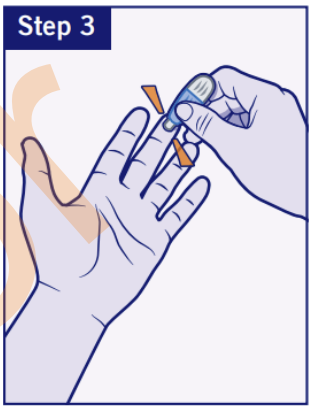
Step 2

Before you start please read and familiarise yourself with the Top Tips. Clean a finger. You will find it easier to take a finger-prick blood sample using either of your middle 2 fingers on your non-dominant hand. **E.g. If you are right handed, you will prick a finger on your left hand.**

Using the alcohol wipe, clean the tip of your chosen finger and let it dry.

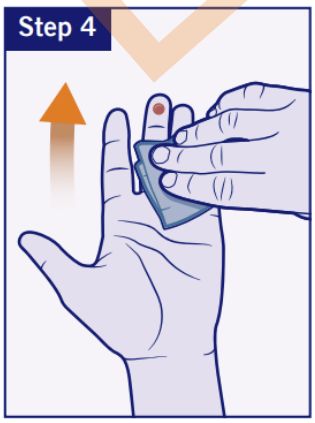
Remove the blue tip from the lancet by twisting gently.

Step 3



Place the hole of the lancet on your cleaned finger tip and press firmly. You will hear a click. This has activated the lancet and cannot be re-activated.

Step 4



You should see blood appear straight away; wipe away this first drop with a clean, dry tissue.

Step 5

To ensure accurate results, please fill the purple tube first, followed by the yellow tube.

Standing over the tube, with your hand above the tube, massage your finger using a downward motion. As droplets of blood are formed, you may wipe them off to collect the blood inside the tube, or it may flow freely collecting straight into the tube. If blood flow stops, return to step 2 and repeat the process to prick another finger.

Note: Swirl the tube intermittently as blood is collected.

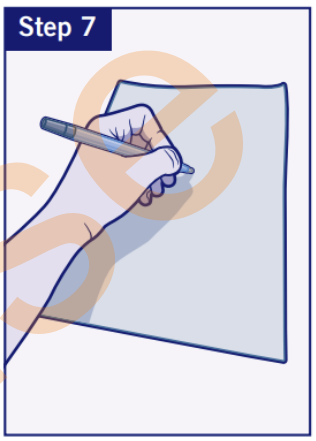
Step 6

Firstly fill the tube with the purple lid to the line marked 250, then fill the tube with the yellow lid to the line marked 600. Replace the lids and press until you hear a click. Gently turn the tubes upside down 10 times.

Do not shake.

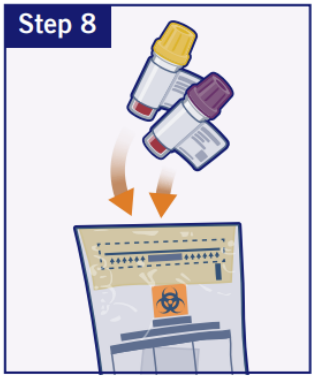
Once you have collected your blood samples, please take time to use the sterile cleansing wipe(s) to clean your finger and apply a plaster on your finger, should you need to.

Step 7



If not already pre-populated, please complete the test request form and blood collection tube labels, provided by your healthcare provider, separate to this kit. Please ensure all fields are completed in full.

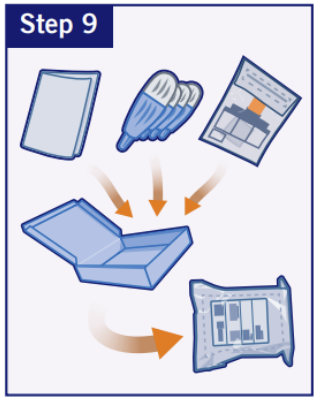
Step 8



Label the tubes with the supplied labels found on your test request form, ensuring all details remain visible.

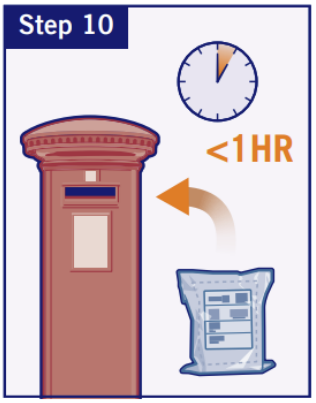
Place your labelled tubes into the specimen transport bag and seal as instructed on the bag.

Step 9



Put sealed specimen transport bag, all lancets (used and unused) and test request form into the cardboard transport box, close and put into the prelabelled return envelope provided and seal.

Step 10



Your samples are now ready to post. Please post using your nearest priority post box as soon as possible, ideally within an hour of taking the test.

	Keep away from sunlight		Consult instructions for use
	Keep away from rain	UK CA	UK Conformity Assessed
	Do not re-use		Manufacturer
25°C	Temperature limit 25°C	LOT	Batch Code
IVD	In vitro diagnostic medical device		Use by date
STERILE	Sterile		

Eurofins Clinical Diagnostics UK, 90 Priestley Road, Surrey Research Park, Guildford, Surrey, GU2 7AU

APPENDIX 2: URINE SAMPLE IFU

CLINIC KIT - URINE

INSTRUCTIONS FOR USE

REF KT458
IVD UK CA

Before you start, please check the kit is within the expiry date prior to use. If the kit seal is broken and any components within the kit are damaged, do not use the kit and contact your kit provider. Carefully read the instructions for use leaflet as failure to follow the procedure could lead to an invalid sample. Have all the materials needed for the urine collection laid out in front of you with some clean tissues before starting.

IMPORTANT NOTE

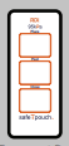
If you are unable to collect enough urine in the vial, please do not return the sample as it will not be possible to process your results.
If this occurs, please notify your healthcare provider.

Components included in this kit:


1 x Instructions For Use (this leaflet)


1 x Outer Kit Box/ Returnable Mailing Box

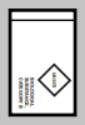

1 x Urine Collection Vial IVD UK CA


1 x Transport Pouch


1 x Pipette


1 x Urine Collection Box CE

1 x Security Seal


1 x Mailing Bag

Components provided externally to this kit:


1 x Request Form

Warnings & Precautions

- Samples received with unfilled labels and non-completed request forms will not be tested.
- The kit should not be used by individuals who lack the physical or mental capability to correctly follow the instructions for self-collection. If you have problems please consult with your advising healthcare organisation.
- Samples arriving at the laboratory which shows signs of degradation or general damage or arrive after 6 days of sample taking may not be tested.
- Antibiotics may affect the test result. If you are taking antibiotics, or have recently, discuss this with your healthcare professional.

A urine sample collection kit used for collection and transportation of urine samples for professional laboratory analysis.

This kit contains the materials required for the sample self-collection or collection by a health/social care professional and its return to the designated testing laboratory.

Key to Symbols:

	Keep away from sunlight		Consult instructions for use
	Keep away from rain		Manufacturer
	Do not re-use	LOT	Batch Code
	Temperature limit 15-25 °C		Use by date
IVD	In vitro diagnostic medical device	REF	Product Code
UK CA	UK Conformity Assessed		Caution, consult accompanying documents
CE	EU Conformity Assessed		

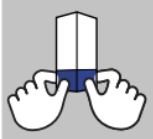
Step 1: Make sure you read the instructions properly before collecting your sample.

Step 2: Ensure you wash your hands before you start taking the sample.

Step 3: Fill out the label on the side of the urine collection vial, ensuring your writing is clear.

Step 4: Remove the screw cap from the urine collection vial provided, place it on a flat surface alongside the vial in an upright position.

Step 5: Follow the instructions on the urine collection box to open.



Step 6: Directly urinate in the urine collection box. Fill until its half full.

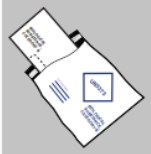
Step 7: Place the urine collection box next to your upright urine collection vial.

Step 8: Fill the pipette provided by placing into the urine and squeezing the top. Fill the urine collection vial by emptying the pipette. Once full replace the cap, ensuring its tight.

Step 9: Place the urine collection vial into the transport pouch provided and seal.

Step 10: Place the transport pouch now containing your labelled urine collection vial and the completed request form into the return box provided. Seal using the security seal provided.

Step 11: Place the returnable mailing box into the mailing bag that has a pre-applied tracked 24 postage label on it. Seal closed.



Step 12: Discard any used and unused items responsibly.

Please ensure you post your sample using a Royal Mail priority post box the same day it was taken.

Before posting your sample:

- Ensure you have filled out the label on the side of the urine collection vial.
- Ensure you have placed the urine collection vial into the transport pouch and into the return box.
- Ensure you follow your kit providers instructions regarding completion of the request form.

APPENDIX 3: FIT STOOL SAMPLE IFU

CLINIC KIT - QFIT

INSTRUCTIONS FOR USE

REF KT457
IVD UK CA

Before you start, please check the kit is within the expiry date prior to use. If the kit seal is broken and any components within the kit are damaged, do not use the kit and contact your kit provider. Carefully read the instructions for use leaflet as failure to follow the procedure could lead to an invalid sample. Have all the materials needed for the faecal collection laid out in front of you with some clean tissues before starting.

IMPORTANT NOTE

If you are unable to collect enough faecal sample in the vial, please do not return the sample as it will not be possible to process your results.
If this occurs, please notify your healthcare provider.

Components included in this kit:

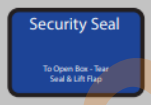

1 x Instruction For Use (this leaflet)

1 x Outer Kit Box/ Returnable Mailing Box


1 x Faecal Collection Vial


1 x Transport Pouch


1 x Mailing Bag



1 x Security Seal

Components provided externally to this kit:


1 x Request Form

Warnings & Precautions

- If you feel unwell during the collection process, please pause. If necessary, consult with your advising healthcare professional
- Do not obtain faecal samples during menstruation (your period) and avoid sample contact with lubricants, bleach and toilet cleaners.
- If your stool sample is excessively watery or hard please discuss this with your healthcare professional to ensure you are collecting a suitable sample for testing.
- Samples arriving at the laboratory which show signs of degradation or general damage or arrive between 3–7 days of sample taking (depending on test requested) may not be tested.
- The kit should not be used by individuals who lack the physical or mental capacity to correctly follow the instructions for self-collection. If you have problems please consult with your advising healthcare organisation.
- For accurate results collect from fresh stool. Do not use old stool e.g. stool from yesterday.
- The faecal collection vial contains sodium azide (0.1% or less). If accidental contact should accur with eye, mouth or skin, be sure to take the necessary measures by rinsing thoroughly with cold running water. If necessary consult with healthcare provider for further medical advice.
- Samples received with unfilled labels and non completed request forms will not be tested.

A faecal sample collection kit used for the collection and transportations of samples for laboratory analysis.

This kit contains the materials required for the sample self-collection or collection by a health/social care professional and its return to the designated testing laboratory.

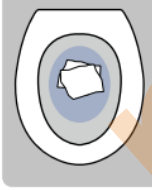
Key to Symbols:

	Keep away from sunlight		Consult instructions for use
	Keep away from rain		Manufacturer
	Do not re-use	LOT	Batch Code
	Temperature limit 2-30°c		Use by date
IVD	In vitro diagnostic medical device	REF	Product Code
UK CA	UK Conformity Assessed		Caution, consult accompanying documents
CE	EU Conformity Assessed		

Step 1: Make sure you read the instructions properly before collecting your sample.

Step 2: Lay toilet paper at the bottom of your toilet to make it easier for you to collect your sample.

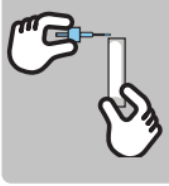
Try to prevent the sample from touching the water.



Step 3: Ensure you wash your hands before you start taking the sample.

Step 4: Fill out the label on the side of the faecal collection vial, ensuring your writing is clear.

Step 5: Twist the cap of your faecal collection vial to open it, remove the sampling stick making sure it doesn't touch anything before collecting your sample.



Step 6: Using the tip of the sample stick, rub the surface of the faeces 2-3 times.

Step 7: Make sure the two holes on the stick are filled as shown (do not overfill).

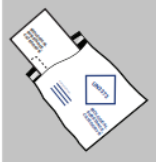
Step 8: Put the sample stick back into the faecal collection vial and secure the lid.

Invert the faecal collection vial 10 times or more.

Place the faecal collection vial into the transport pouch and seal closed.

Step 9: Place the transport pouch now containing your labelled faecal collection vial and the completed request form into the return box provided. Seal using the security seal provided.

Step 10: Place the returnable mailing box into the mailing bag that has a pre-applied tracked 24 postage label on it. Seal closed.



Step 11: Discard any used and unused items responsibly.

Please ensure you post your sample using a Royal Mail priority post box the same day it was taken.

Before posting your sample:

- Ensure you have filled out the label on the side of the faecal collection vial.
- Ensure you have placed the faecal collection vial into the transport pouch and into the return box.
- Ensure you follow your kit providers instructions regarding completion of the request form.

How would you rate your experience?

Take a quick survey by scanning the QR code and tell us about your experience using this sample collection kit.

APPENDIX 4: STOOL SAMPLE IFU

CLINIC KIT - STOOL

INSTRUCTIONS FOR USE

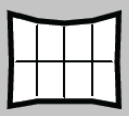
REF KT456
IVD UK CA

Before you start, please check the kit is within the expiry date prior to use. If the kit seal is broken and any components within the kit are damaged, do not use the kit and contact your kit provider. Carefully read the instructions for use leaflet as failure to follow the procedure could lead to an invalid sample. Have all the materials needed for the faecal collection laid out in front of you with some clean tissues before starting.

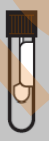
IMPORTANT NOTE

If you are unable to collect enough faecal sample in the tube, please do not return the sample as it will not be possible to process your results. If this occurs, please notify your healthcare provider.

Components included in this kit:


1 x Instruction For Use (this leaflet)


1 x Mailing Bag


1 x Faecal Collection Vial


1 x Transport Pouch

1 x Outer Kit Box/ Returnable Mailing Box

1 x Security Seal

Components provided externally to this kit:


1 x Request Form

Warnings & Precautions

- If you feel unwell during the collection process, please pause. If necessary, consult with your advising healthcare professional
- Do not obtain faecal samples during menstruation (your period) and avoid sample contact with lubricants, bleach and toilet cleaners.
- If your stool sample is excessively watery or hard please discuss this with your healthcare professional to ensure you are collecting a suitable sample for testing.
- Samples arriving at the laboratory which show signs of degradation or general damage or arrive between 3–7 days of sample taking (depending on test requested) may not be tested.
- Samples received with unfilled labels and non-completed request forms will not be tested.
- Do not place the sampling spoon directly into your body. The faecal collection vial are designed for collection faecal samples, no other sample types.
- The kit should not be used by individuals who lack the physical or mental capability to correctly follow the instructions for self-collection. If you have problems please consult with your advising healthcare organisation.

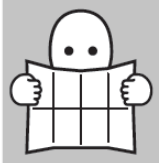
A faecal sample collection kit used for the collection and transportations of samples for laboratory analysis.

This kit contains the materials required for the sample self-collection or collection by a health/social care professional and its return to the designated testing laboratory.

Key to Symbols:

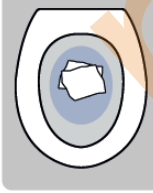
	Keep away from sunlight		Consult instructions for use
	Keep away from rain		Manufacturer
	Do not re-use	LOT	Batch Code
	Temperature limit 25°C		Use by date
IVD	In-vitro diagnostic medical device	REF	Product Code
UK CA	UK Conformity Assessed		Caution, consult accompanying documents
CE	EU Conformity Assessed		

Step 1: Make sure you read the instructions properly before starting your test.



Step 2: Lay toilet paper at the bottom of your toilet to make it easier for you to collect your sample.

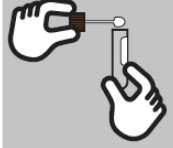
Try to prevent the sample from touching the water.



Step 3: Ensure you wash your hands before you start taking the sample.

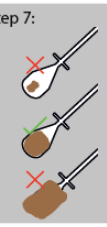
Step 4: Complete the label on the side of the faecal collection vial, ensuring your writing is clear.

Step 5: Unscrew the lid of your faecal collection vial to open it, remove the sampling spoon making sure it doesn't touch anything before collecting your sample.



Step 6: Use the sample spoon to collect your sample.

Step 7: Collect a pea sized volume of faeces.

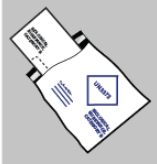


Step 8: Put the sample spoon back into the faecal collection vial and secure the lid.

Place the faecal collection vial into the transport pouch and seal closed.

Step 9: Place the transport pouch now containing your labelled faecal collection vial and the completed request form into the return box provided. Seal using the security seal provided.

Step 10: Place the returnable mailing box into the mailing bag that has a pre-applied tracked 24 postage label on it. Seal closed.



Step 11: Discard any used and unused items responsibly.

Please ensure you post your sample using a Royal Mail priority post box the same day it was taken.

Before posting your sample:

- Ensure you have filled out the label on the side of the faecal collection vial.
- Ensure you have placed the faecal collection vial into the transport pouch and into the return box.
- Ensure you follow your kit providers instructions regarding completion of the request form.

APPENDIX 5: REQUEST FORM (VENIPUNCTURE DRAW EXAMPLE)

eurofins | Clinical Diagnostics

90 Priestley Road
Surrey Research Park
Guildford, Surrey GU2 7AU
enquiries@ctuk.eurofins.com
01483 450388

Sample ID:		**Client ID:**	
Surname:		**Clinician:**	
Forename:		**Taken by:**	
Gender (at birth):	Male / Female	**Date:**	_ _ / _ _ / _ _ _ _
Date of Birth:	_ _ / _ _ / _ _ _ _	**Time:**	_ _ : _ _ am / pm
Clinical Details:			

Haematology

- ☐ Full Blood Count*
- ☐ ESR
- ☐ Blood Group
- ☐ Clotting Screen* (Urgent)
- ☐ D-Dimer

Hormones

- ☐ FSH
- ☐ LH
- ☐ Oestradiol
- ☐ Progesterone
- ☐ SHBG
- ☐ Prolactin
- ☐ Cortisol

Serology

- ☐ HIV
- ☐ Hep B SAg
- ☐ Hep B SAb
- ☐ Hep C Ab
- ☐ Measles IgG
- ☐ V.Zoster IgG
- ☐ Syphilis IgG

Biochemistry

- ☐ Renal Function*
- ☐ Liver Function Tests*
- ☐ Bone Profile*
- ☐ Lipid Screen*
- ☐ Iron Studies*
- ☐ Serum Folate
- ☐ Active B12
- ☐ HbA1c
- ☐ Glucose
- ☐ CA 125
- ☐ CEA
- ☐ Total PSA
- ☐ Free PSA reflex
- ☐ HCG Beta (Pregnancy)
- ☐ Vitamin D
- ☐ Arthritis Screen (Rheumatoid Factor, Anti-CCP)
- ☐ Zinc
- ☐ Copper
- ☐ Caeroloplasmin
- ☐ C Reactive Protein
- ☐ Coeliac Profile
- ☐ ALEX Screen

Other investigations:

Blood Draw Order:

*** See Laboratory Guide for profile test lists**

Profiles

- ☐ Well Man*
- ☐ Well Woman*
- ☐ Well Person*
- ☐ 60+ Male*
- ☐ 60+ Female*
- ☐ Thyroid Profile 1 (FT4,TSH)
- ☐ Thyroid Profile 2 (FT4,FT3,TSH, Anti-TPO, Anti-TG)
- ☐ Thyroid Profile 3 (FT4,FT3,TSH)
- ☐ Thyroid Profile 4 (FT4,FT3,TSH, TT4, Anti-TPO, Anti-TG, Reverse T3 / Ratio)

Non Blood Tests

- ☐ Calprotectin — Stool
- ☐ Faecal Immunochemical Test (FIT) — Stool
- ☐ Urine Microscopy — Urine

FOR CLINIC VENEPUNCTURE USE ONLY						FOR LABORATORY USE ONLY					
EDTA	SST	GREY	MSU	OTHER	INITIALS	EDTA	SST	GREY	MSU	OTHER	INITIALS

Eurofins Clinical Diagnostics Request Form CDx-LF-8 V1.6 (Sept 2025)

Eurofins Clinical Diagnostics UK Limited
90 Priestley Road
Surrey Research Park
Guildford
Surrey GU2 7AU

Tel: 01483 450388
Email: enquiries@ctuk.eurofins.com