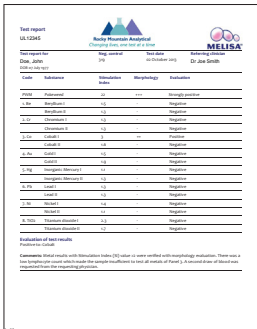


Sending Your Sample

NOTE: Samples MUST be shipped at room temperature and received within 24 hours of collection.

1. Place the completed laboratory requisition(s) (RMA + LifeLabs) in the outside pocket of the resealable biohazard bag.
2. Place all tubes containing sample in resealable biohazard bag containing the absorbent material and seal.
3. Place the sealed resealable biohazard bag with the completed laboratory requisition(s) into kit box.
4. Place the closed kit box into the pre-paid return mailer, then seal the pre-paid return mailer.
5. Call FedEx at 1-800-463-3339 and request same day pick-up.

Getting Results - Sample report as shown



Code	Reference	Result	Reference Range	Abnormal
WBC	White Blood Cells	12.5	4.0 - 11.0	High
HEM	Hemoglobin	15.5	12.0 - 16.0	High
HCT	Hematocrit	45.0	37.0 - 47.0	High
PLT	Platelets	150	150 - 400	Low
RDW	Red Cell Distribution Width	13.5	11.5 - 14.5	High
MCV	Mean Corpuscular Volume	100	85 - 101	High
MPV	Mean Platelet Volume	10.0	7.5 - 11.0	High
PDW	Platelet Distribution Width	12.0	9.0 - 13.0	High
RDW-CV	Red Cell Distribution Width - Coefficient of Variation	13.5	11.5 - 14.5	High
PLT-CV	Platelet Distribution Width - Coefficient of Variation	12.0	9.0 - 13.0	High
RDW-SD	Red Cell Distribution Width - Standard Deviation	15.0	13.0 - 15.0	High
PLT-SD	Platelet Distribution Width - Standard Deviation	12.0	9.0 - 13.0	High
RDW-AP	Red Cell Distribution Width - Anisotropy Parameter	13.5	11.5 - 14.5	High
PLT-AP	Platelet Distribution Width - Anisotropy Parameter	12.0	9.0 - 13.0	High
RDW-AP-CV	Red Cell Distribution Width - Anisotropy Parameter - Coefficient of Variation	13.5	11.5 - 14.5	High
PLT-AP-CV	Platelet Distribution Width - Anisotropy Parameter - Coefficient of Variation	12.0	9.0 - 13.0	High

Results will be sent to your healthcare professional approximately twenty-one (21) days after your sample has been received by Rocky Mountain Analytical. Note that the sample may take several days to arrive at the lab.

Please contact your healthcare professional if you have questions regarding your results.

Note: Rocky Mountain Analytical staff do not discuss test results with patients.

Patient Privacy

Privacy Statement: Your healthcare professional's stamp or signature on the requisition is our legal authority for analyzing your blood sample. The personal information you provide is necessary for us to provide a thorough analysis. This information will be stored confidentially and used only for the purpose of analyzing your specimen. Some aggregate data may be used for research purposes. If you have any questions regarding this or any other issue regarding our testing, please contact Rocky Mountain Analytical. info@rmlab.com | P: 403-241-4500 | F: 403-241-4501



Collection Instructions

Important: Read all instructions prior to collecting blood

Before You Begin

- Check contents of the kit. If anything is missing, please contact your healthcare professional.
- If sample is not collected at the laboratory (e.g. in-office), pre-book your FedEx pick-up the day before collection by calling 1-800-463-3339
- Sample must be shipped at room temperature and received at the laboratory within 24 hours of collection.
- A testing day must be booked prior to collecting blood. Please call 866.370.5227 to schedule your testing time.



Note: Test cannot be performed without a completed RMA requisition with your healthcare provider's signature and barcode label on the form, as well as completed collection site requisition where applicable. Please contact your healthcare provider if either is missing.

Kit Contents

- RMA requisition form
- Laboratory (collection site) requisition form (when applicable)
- Collection instructions
- 7 x 8.5 mL ACD vacutainers (yellow top) tubes in resealable biohazard bag (check expiry date)
- 1 x Large silver insulated envelope
- Pre-paid return mailer

105 - 32 Royal Vista Dr. NW, Calgary, AB T3R 0H9
E: info@rmlab.com | P: 403-241-4500 | F: 403-241-4501

www.rmlab.com
A division of LifeLabs LP

How to Prepare

Booking your Testing

The MELISA test is only performed on **Wednesday, Thursday and Friday by appointment**. You must book and reserve your MELISA lab test date **before** you book your blood draw.

Call Customer Service at 1-866-370-5227 (8:00 am to 4:00 pm MST) to reserve your MELISA testing time.

Booking your blood collection

- Book your blood collection (with the collection laboratory of your choice) the day before your booked MELISA test
- Collection time must be before 10:00 am to ensure time for shipping.
- Your blood draw should occur only on a Tuesday, Wednesday or Thursday to comply with the testing days available.

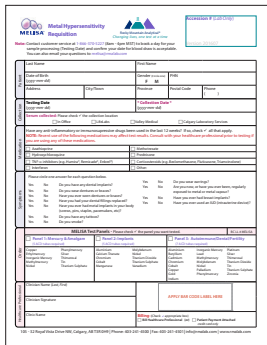
Note: The lab MUST be able to provide same day FedEx shipping and overnight delivery to the MELISA testing laboratory.

To book your FedEx pick-ups call 1-800-463-3339.

Lab Requisition

Check your requisition to ensure it includes your healthcare professional's signature and bar code label. If either are missing please contact your healthcare professional before sending us your sample.

Complete your requisition with the following:



- Legal name (first and last), address, telephone number(s) **Important: The name on your sample(s) and your requisition MUST match exactly**
- Date of Birth (yyyy-mm-dd)
- Gender, height, weight, hip and waist measurements
- Cycle information
- Date and time of collection (yyyy-mm-dd)
- All medication and supplements you are using as they may affect test results.

Sample Labeling

Use permanent ink ball point pens as other inks are water soluble (e.g. roller ball ink) and may wash off containers or smear.

Complete sample label with the following:

- Legal name (first and last) **Important: The name on your sample(s) and your requisition MUST match exactly**
- Date of birth (yyyy-mm-dd)
- Date and time of collection (yyyy-mm-dd)

Sample Collection

1. Collect the blood samples using the ACD vacutainer tubes provided in the kit.

Panel 1 & 2 requires 5 ACD tubes
Panel 3 requires 7 ACD tubes
2. Gently invert tubes after each collection 8-10 times to mix thoroughly.
3. Label the tubes with patients legal name and date of birth (yyyy-mm-dd).

Important: The name and date of birth on the sample(s) and the requisition must match exactly.
4. Record date and time of collection on the sample(s) and the requisition.
5. See Sending Your Sample