

Laboratory Requisition Form for AAV9 Antibody Screening

Print and fill in this provided Laboratory Requisition Form (LRF) per sample, **as legible as possible**. Please include the unique numerical code (the treating physician or institution is providing this code) on the LRF. Write this corresponding number also on the sample tube.

Note: Never fill in patient details such as name, birth date or gender.

Fields in red indicate required information, to be completed in English only.

Unique patient numerical code

Retest

yes: ☐

no: ☐

Patient's age in months

PRESCRIBER / PHYSICIAN CONTACT INFORMATION

Name/Contact Name	first	last
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
City	<input type="text"/>	State <input type="text"/> Postal Code <input type="text"/>
Country	<input type="text"/>	Physician Email <input type="text"/>
Additional Email for Test Results Reporting (if applicable)		<input type="text"/>
		labservices.results@rch.org.au
Phone #	<input type="text"/>	Fax # <input type="text"/>

Instructions serum collection:

- Collect blood in a 2.5 ml serum collection tube.
*Note: **Do not** use anticoagulant-treated tubes: e.g., no EDTA-treated or citrate-treated.*
- Leave blood undisturbed at room temperature for 1 to 2 hours to allow clotting.
- Centrifuge the blood tube for 10 minutes at 1000-1300g, in a refrigerated centrifuge; the resulting supernatant is the designated serum.
Note: serum samples should be maintained at 2-8°C while handling.
- Collect serum - minimum 0.5 ml - and transfer into a 2 ml Sarstedt tube or Eppendorf tube (or similar polypropylene tube).
- Store the serum sample between -20°C to -80°C until the courier arrives for pick-up.
Note: sample shipment and test costs are fully covered by Viroclinics.

Preparation for sample shipment to Viroclinics:

- The courier will contact you to arrange the sample pick-up details. In case the courier hasn't contacted you before the requested sample collection day, please contact Viroclinics at AAV9-Screening@viroclinics.com for status check.
- Place the serum sample in a sealed biohazard plastic bag and place it in the shipping box. The courier will bring the biohazard bag, shipping box and dry-ice. The sample must be shipped frozen to: **Viroclinics Biosciences BV, Marconistraat 16, 3029 AK Rotterdam, The Netherlands.**

Test collection (check box)

☐ AAV9-Ab Screening Serum, 1x 1ml

Date collected

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day			Month			Year			

Collection time

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Hr			Mins	

BILLING INFORMATION

Account number:

1344

Result communication:

The AAV9 test result will be communicated as password-protected zip file, to the e-mail address provided **on this Laboratory Requisition Form**, unless otherwise agreed. The result will be made available within the next 4 working days after the day the serum sample has arrived at Viroclinics. A second e-mail will be sent with the password required to access the test result file. If there are any questions in completing this form, please contact Viroclinics at **AAV9-Screening@viroclinics.com**

This part to be completed by Viroclinics

Received date

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day			Month			Year			

Checked date

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day			Month			Year			

Name Initials

Name Initials