

## Procedures for VEGF-D specimen collection, processing, and shipping to the TTDSL Lab

**Questions? Contact us at [TTDSL@cchmc.org](mailto:TTDSL@cchmc.org) for the quickest response  
(typically within one business day).**

**(A) Sample type: whole Blood in SST (for on-site collection in Cincinnati only)**

- (1) Collect approximately  $\geq 3$  ml of whole blood in a serum separator tube (SST) by venipuncture.
- (2) Immediately invert the sample 8-10 times.
- (3) Process according to steps B3-B5 below and transport at ambient temperature to the TTDSL

OR

directly transport at ambient temperature to the TTDSL within 2 hrs of draw.

**(B) Sample type: serum (for shipment to Cincinnati)**

- (1) Collect approximately  $\geq 3$  ml of whole blood in a serum separator tube (SST) by venipuncture.
- (2) Immediately invert the sample 8-10 times.
- (3) Allow the sample to sit upright for at least 30 min at room temperature for proper clotting. Proceed to next step within 2 hrs of collection.
- (4) Centrifuge for ~15 min at 1250 g (relative centrifugal force (RCF)).
- (5) Transfer the layer of serum above the separator gel from the tube immediately into a sealable, leak proof container (e.g. cryovial, polypropylene 15 ml Falcon tube). Label container with at least 2 unique patient identifiers matching the information on request form. Seal the container.
- (6) If sample is being shipped the same day as the sample collection:
  - Store specimen at ambient temperature until pickup (Do NOT store at 4°C).
  - Ship sample ambient via Fedex priority overnight in a Styrofoam insulated box packed with absorbent material that strictly limits movement of the sample container. If available, encircle the tube with ambient gel packs to help mitigate temperature changes during shipment. Be sure to comply with all applicable shipping regulations (IATA-DGR).
  - TTDSL must receive the shipment within 24 hours of shipment. It is highly recommended to draw the sample in the afternoon to maximize the available transit time to our laboratory.
- (7) If the sample cannot be shipped on the day of collection:
  - Store serum at  $\leq -20^{\circ}\text{C}$  until scheduled shipment.
  - Send specimen on dry ice via Fedex priority overnight. Ensure that packages are shipped in compliance with all applicable Federal/State regulations.
  - TTDSL must receive the sample frozen to ensure a valid test result.
- (8) Ship to:

Translational Trials Development and Support Laboratory (TTDSL)  
Cincinnati Children's Hospital Medical Center  
240 Albert Sabin Way, RR.509  
Cincinnati, OH 45229

**\*\*The TTDSL is open M-F 8 am - 5 pm EST\*\***

**\*\*We cannot receive shipments on Saturdays, Sundays, or Federal holidays\*\***

**CLINICAL VEGF-D SAMPLE REQUISITION**

Translational Trials Development and Support Lab  
 Division of Experimental Hematology & Cancer Biology  
 240 Albert Sabin Way, RR.509, MLC 7013  
 Cincinnati, OH 45229-3039

Phone: (513) 636-5998; FAX: (513) 636-1446 email [ttdsl@cchmc.org](mailto:ttdsl@cchmc.org)

**Deliver Samples to:**  
**RR.509**

**Specimen Information (All patient specimens must have a secondary identifier in addition to the name)**

Patient Name or Specimen ID: \_\_\_\_\_ MRN: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_

Referring Institution/Lab: \_\_\_\_\_ Requesting Physician: \_\_\_\_\_

Authorized Contact Name: \_\_\_\_\_ Authorized Contact Phone: \_\_\_\_\_

Authorized Contact Signature: \_\_\_\_\_

**Send Report To:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Send Copy Of Report To Cincinnati Physician:**

**Dr. Frank McCormack**

**Dr. Nishant Gupta**

**Billing Information (check one and complete)** **Commercial Insurance/Policy Holder Information**

Member Name (if different than patient): \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

 **Bill Referring Institution/Lab:**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Client code (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Specimen Type (see collection procedures sheet for more information)****Local sample:**

$\geq 3$  ml whole blood in a serum separator tube (SST)

$\geq 1$  ml serum isolated from blood collected in a serum separator tube (SST) and processed within 2 hr of collection

**Shipped sample:**

$\geq 1$  ml serum isolated from blood collected in a serum separator tube (SST)

*Check one:*

Fresh (shipped at ambient temperature on day of collection)

Frozen (shipped on dry ice)

**Store serum at ambient temperature or  $\leq -20^{\circ}\text{C}$ . Do NOT store at  $4^{\circ}\text{C}$ .**

**TTDSL USE ONLY**

**Sample Receipt:** Tech ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Verify Cerner Entry:** Tech ID: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:** \_\_\_\_\_