

# Amino Acids and Fatty Acids

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## Blood Specimen Collection Instructions

This specimen collection kit can be used for the following test(s):

0010 - Amino Acids 40 - Plasma

0011 - Amino Acids 20 - Plasma

0040 - Fatty Acids - Plasma

0093 - Homocysteine - Plasma

0240 - AA/EPA Ratio - Plasma

0310 - Amino Acids 40 NY - Plasma

0311 - Amino Acids 20 NY - Plasma

### IMPORTANT:

All patient specimens require two unique identifiers

(*patient's name and date of birth*), as well as *date of collection*.

**Patient's first and last name, date of birth, gender, and date of collection** must be recorded on the **Test Requisition Form** as well as all tube(s) and/or vial(s), using a permanent marker, or the test may not be processed.

## Specimen

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Plasma, 2.5-3 ml, frozen

## Collection Materials

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- Lavender top EDTA tube
- Lavender top clear transfer tube
- Disposable pipette

## Shipping Materials\*

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- Absorbent pad
- Ice pack
- Test Requisition Form
- Personal Health Assessment Form
- Biohazard bag with side pocket
- Specimen collection kit box
- FedEx® Clinical Lab Pak and Billable Stamp

*\*International shipping may vary, please see shipping instructions for more details.*

*Please read all instructions carefully before beginning.*

## Patient Preparation

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- It is best to **ship your specimen within 48 hours of collection**. Please refer to the enclosed shipping instructions **before** you collect to determine what days you can ship your specimen.
- **It is not necessary** to discontinue nutritional supplements prior to this test. Abnormalities that may be found will reveal special needs that have not been met by recent dietary and supplemental intake.
- **For tests: 0010 and 0310** (Amino Acids 40), **0011 and 0311** (Amino Acids 20), **0040** (Fatty Acids), and **0240** (AA/EPA Ratio) patient must be fasting for 8-12 hours
- **For tests: 0093** (Homocysteine), **it is not necessary** for patient to fast
- **For all tests:** Patient may have water

### **WARNING FOR 0093 HOMOCYSTEINE:**

Specimens from patients who are on drug therapy involving S-adenosyl-methionine may show falsely elevated levels of homocysteine. Results on specimens obtained from patients taking methotrexate, carbamazepine, phenytoin, nitrous oxide, anti-convulsants, or 6-azauridine triacetate should be interpreted with caution as these substances interfere with homocysteine determination.

## Plasma Collection

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1. **Write patient's first and last name, date of birth, gender and date of collection** on the Test Requisition Form (located in the pouch on top of the Specimen Collection Kit Box), as well as all tube(s) and/or vial(s), using a permanent marker.
  - **IMPORTANT:** To ensure accurate test results you **MUST** provide the requested information.
2. **Freeze** the ice pack.
3. **Lavender top EDTA tube and lavender top clear transfer tube**
  - » **Draw** the lavender top EDTA tube completely
  - » **Invert** the lavender top EDTA tube 10 times to mix the EDTA with the blood
  - » **Centrifuge** immediately for 15 minutes. The plasma must be free of hemolysis or red blood cells.
  - » **Remove** the lavender top EDTA tube after centrifuging; **DO NOT INVERT THE TUBE**
  - » **Pipette** using a fresh disposable pipette, pipette 2.5 - 3 ml plasma to the lavender top clear transfer tube.
  - » **Freeze** the lavender top clear transfer tube

# Specimen Preparation

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1. **Place** the frozen lavender top transfer tube, frozen ice pack, and absorbent pad into the biohazard bag.
2. **Staple** payment to the bottom right-hand corner of the completed Test Requisition Form. **Fill** out the Personal Health Assessment Form. **Fold** and **place** them in the side pocket of the biohazard bag.
3. **Seal** the biohazard bag; **Place** it into the specimen collection kit box and **close** the box.

## Checklist (Prior to Shipping)

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### 1. Tube

- Patient's first and last name, date of birth, gender, and date of collection are written on the tube
- Tube is capped tightly

### 2. Frozen

- Lavender top clear transfer tube
- Ice pack

### 3. Test Requisition Form with Payment

- Test Requisition Form is complete - Test is marked, Patients first and last name, date of birth, gender and date of collection are recorded.
- Personal Health Assessment Form
- Payment is included



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