



LENETIX[®]

MEDICAL SCREENING LABORATORY, INC.
a diagnostic company

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RhD INSTRUCTION SHEET

**A Positive Way to Avoid
a Negative Outcome[®]**

| | |
|-------------------------|---|
| ASSESSMENT GROUP | For non invasive prenatal determination of RhD |
| TARGET GROUP | To be eligible for testing, each patient must be Rh negative and greater than or equal to 15 weeks gestational age. |

week 1 | week 2 | week 3 | week 4 | week 5 | week 6 | week 7 | week 8 | week 9 | week 10 | week 11 | week 12 | week 13 | week 14 | **week 15 or greater...**



| # OF TUBES | DIRECTIONS | SEND TO | TURN AROUND TIME FROM RECEIPT OF SAMPLE |
|--|--|----------------------|--|
|  WHITE 3 | Handling: <ul style="list-style-type: none"> • Draw Three White Tubes 3 PPT (white top tubes), spun down (spin 2500 rpm for approx. 10 minutes). • Invert to prevent clotting • Refrigerate until shipment • MUST DRAW & SHIP MONDAY-THURSDAY ONLY! • DO NOT FREEZE | LENETIX [®] | Stage 1 3 - 5 Days are done together |
|  PURPLE 1 | Handling: <ul style="list-style-type: none"> • Draw One Lavendar Tubes 1 EDTA (lavender top tube) not spun down • Invert to prevent clotting • Refrigerate until shipment • MUST DRAW & SHIP MONDAY-THURSDAY ONLY! • DO NOT FREEZE | LENETIX [®] | 3 - 5 Days |



x: _____

| | |
|---|--|
| 1 | Requisition PAPERWORK: Please complete the LENETIX [®] requisition, including all billing/insurance information. Please photocopy and included the front and back of the patient's insurance card. Check off RhD and SRY Genotyping, and all necessary clinical info must be completed. |
| <input type="checkbox"/> | Please indicate CLEARLY the gender of fetus as determined by ultrasound, if available. |
| <input type="checkbox"/> | Consent form on requisitions must be signed. |
| <input type="checkbox"/> | PAYMENT: We will accept insurance as payment in full. Please supply us with all of the patient's insurance information, as requested above. For patients without insurance we offer an individualized self pay option. Call our office to learn more. 516-320-6370 |
| <input type="checkbox"/> | INCOMING NOTIFICATION: Please fax a copy of the requisition to 516 248-4436 to alert us that the sample will be coming, and if being shipped by Fed Ex, please supply the Fed Ex tracking number if possible. |
| <input type="checkbox"/> | Please call 516 320-6370 or 516 248-0036 for pick-up or ship via Fed Ex with Lenetix mailing supplies. Store and/or ship at room temperature. DO NOT ALLOW SPECIMEN TO FREEZE AT ANY TIME. Collections of specimen and shipping must be done Monday through Thursday. |
| Results will be faxed and mailed to your office within 3 to 5 days of receipt of the sample. Make sure your contact information is written clearly and email info is updated. | |

POSITIVE NEGATIVE:

In cases where an Rh negative female fetus is identified, a second maternal serum sample will be requested, and analyzed at no additional cost to the patient.

Call 516 320-6370 with any questions.

RhD InsSheet041108