SpectraCell Laboratories
Science + Health + Solutions

Phlebotomy & Specimen Shipping Training

Collection, Packaging & Shipping Procedures for Providers and Lab Staff

PRESENTER: SALES ASSOCIATE NAME | 2026-XX-XX

FOR INTERNAL & EXTERNAL TRAINING

Training Agenda

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Why Collection & Shipping Matter

Protect sample viability through proper collection, tube handling, and same-day overnight shipping

Live Cell Testing

Lymphocytes must remain viable in transit. Temperature and timing directly affect whether a sample can be tested.

What Goes Wrong

Expired tubes, incorrect packing, or delayed shipping can cause a TNP (test not performed) or NRT (no result), requiring a redraw.

Your Role

Correct collection and packing the first time protects the patient from a repeat blood draw and keeps results on schedule.

General Collection Guidelines

Collect Monday through Friday

Do not collect on or the day before a federal holiday.

Verify the tube expiration date

Check every tube before the draw. An expired tube can compromise the specimen. Do not place sticker over expiration date.

Label every tube completely

Patient name, date of birth, and date of collection must be written on each tube.

Use a 21-gauge needle

A 21-gauge needle is strongly recommended for specimen collection.

Have the patient stay hydrated

Good hydration before the draw supports an easier, more complete collection.

Never pour off the serum

SST tubes must be shipped with serum intact. Do not decant or pour it off.

Know Your Collection Tubes

ACD

Solution A

Used for MNT and all ACD-based wellness panels. Invert 8 times. Keep away from direct contact with ice packs. Place ice packs opposite of the tubes in the Styrofoam cooler.

SST

Serum Separator

Used for LPP Plus and cardiovascular panels. The only tube type allowed to touch frozen ice packs directly.

LAV

EDTA

Used for MTHFR Genotyping. Invert 6 times. Keep away from direct contact with ice packs.

BLU

Sodium Citrate

Used for the Telomere Test. Invert 6 times. Keep away from direct contact with ice packs.

Collection Requirements: Intracellular & Wellness Panels

Test	Fasting	Collection Tube	Mixed by Inverting	Centrifuge	Refrigerate
Micronutrient Test (MNT)	N/A	ACD (2)	8x	No	N/A
Immune Health	N/A	ACD (2)	8x	No	N/A
Mental Health	N/A	ACD (2)	8x	No	N/A
Energy Optimization	N/A	ACD (2)	8x	No	N/A
Weight Optimization	N/A	ACD (2)	8x	No	N/A

Collection Requirements: Cardiovascular, Genetic & Combination Panels

Test	Fasting	Collection Tube	Mixed by Inverting	Centrifuge	Refrigerate
LPP Plus	Yes (9-12 hrs)	SST (2)	N/A	Yes 3000 rpm/15 min	Yes
Telomere	N/A	BLU (1)	6x	No	N/A
MTHFR	N/A	LAV (1)	6x	No	N/A
Age Nexus	N/A	ACD (2) BLU (1)	8x 6x	No	N/A
Cardiac Nexus	Yes (9-12 hrs)	SST (2) LAV (1)	N/A 6x	Yes 3000 rpm/15 min	Yes
Cardi-A1c	Yes (9-12 hrs)	SST (2) LAV (1)	N/A 6x	Yes 3000 rpm/15 min	Yes
Baseline Nexus	This kit includes the MNT, LPP, Telomere, and MTHFR tests. Please follow the individual test instructions provided above.				

Core Packing Rules

1. Freeze all ice packs for at least 24 hours before collection
2. Use all frozen ice packs in the cooler per instructions
3. SST tubes ONLY: place directly between and against all frozen ice packs
4. ACD, LAV, and BLU tubes: keep away from direct contact with all ice packs

Packing Single-Test Kits

Micronutrient (MNT) Kit

- Freeze all ice packs 24 hrs. before collection
- Place ACD tubes in foam holder, seal in biohazard bag
- Place ice packs in small compartment, tubes in large
- Include the requisition form in the pouch
- Secure lid and tape closed

LPP Plus Kit

- Freeze all ice packs 24 hrs. before collection
- Place SST tubes inside biohazard bag
- Place SST tubes directly against and between frozen ice packs
- Include the requisition form in the pouch
- Secure lid and tape closed

Telomere / MTHFR Kit

- Place tube(s) in the silver envelope
- Remove paper strip, seal envelope securely
- Place sealed envelope and requisition into return shipping bag

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Packing Multiple Tests in One Kit

Does NOT Include SST (LPP+) Tubes

Do NOT place tubes directly against all frozen ice packs.

Includes SST (LPP+) Tubes

ONLY SST tubes may contact frozen ice packs. Keep all other tubes away from all ice packs on the opposite side of the cooler

Steps for a multi-test kit: freeze all ice packs 24 hrs ahead, seal ACD/LAV/BLU tubes in the foam holder and biohazard bag, place SST tubes between ice packs in the large compartment, and secure the lid.

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Collection Tips & Common Mistakes

Do

- Verify the tube expiration date before every collection
- Keep the patient hydrated before the draw
- Use a 21-gauge needle
- Label tubes with patient name, DOB, and collection date
- Ship specimens the same day, via FedEx Priority Overnight

Don’t

- Don’t pour off serum from SST tubes
- Don’t let ACD, LAV, or BLU tubes touch ice packs directly
- Don’t collect on or the day before a federal holiday
- Don’t leave samples with a courier drop box or third-party mail center
- Don’t skip the fasting window for LPP Plus and cardiovascular panels

Specimen Return Shipping

All specimens MUST be shipped overnight on the same day they are collected.

Domestic Shipping

A Priority Overnight prepaid FedEx label is affixed to the kit. Schedule a FedEx pickup at 1-800-GoFedEx (1-800-463-3339) or drop off at a FedEx facility.

International Shipping

A prepaid FedEx Priority Overnight return label is on the FedEx pouch. Complete all 3 Commercial Invoices and place 2 return labels with them in the pouch.

Never Use

Do not leave samples in a courier drop box or a third-party mail center. Always hand samples to a FedEx pickup driver or leave inside a FedEx facility.

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Test Requisition Form

INCLUDE REQUISITION FORM INSIDE OF PATIENT'S SAMPLE KIT WHEN SHIPPING

ACCOUNT INFORMATION (If blank, please complete and select provider)

Print Provider Name NPI:

FOR SPECTRACELL USE ONLY

ACD	SST	LAV	BLUE	UNST	T-UNK
T-S	T-P	OI °C	NOI °C	Sample #	
Kit Type		Verify Doc	Verify Name	Check #	
Tube NTM					
REJ Test					
Tube #		Docu #		Ice Packs #	

REQUISITION NUMBER

For SpectraCell Use Only

FedEx Tracking Number: (For Spectracell Use Only)

SPECIMEN INFORMATION

Collection Date Required*(MM/DD/YYYY) | Time* _____ ☐ AM ☐ PM | Fasting* ☐ Yes ☐ No

Phlebotomist *Vendor ID*

PATIENT INFORMATION

Last Name* First Name* MI

Date of Birth* *(MM/DD/YYYY)* | Gender* ☐ M ☐ F | *Has patient been drawn for a Micronutrient test before?** ☐ Yes ☐ No

Address*

City* State* Zip*

Phone*

Email*

BILLING INFORMATION

Is this a redraw? ☐ Yes ☐ No Original Accession ID: _____

☐ **Provider** (Credit Card on File) ☐ **Patient** (self-pay)

**Complete Payment Information Section*

ICD-10 CODES *(Optional)*

PAYMENT INFORMATION *For Patient (Self-Pay)*

Select: ☐ Credit Card ☐ Check # _____ *Total Amount: $*_____

☐ *Visa* ☐ *Mastercard* ☐ *American Express* ☐ *Discover* ☐ *Care Credit*

Credit Card #

Cardholder Name: _____ Ex. Date: ____/____ CVV: _____

Patient Acknowledgment

I understand that SpectraCell does not accept insurance and will not file a claim to a third party payor on my behalf. I hereby authorize payment in full for the test(s) ordered on this form.

X
Signature *Date*

TEST SELECTION

INTRACELLULAR

Please verify testing tube expiration date.

Time sensitive-See specimen collection instructions on reverse side.

☐ **Micronutrient Test**
Tube: 2 ACD (Yellow Top) Tubes

Asparagine, Biotin, Calcium, Carnitine, Choline, Chromium Coenzyme Q10 Copper, Cysteine, Folate, Fructose Sensitivity, Glucose-Insulin Interaction Glutamine, Glutathione, Inositol, Lipoic Acid, Magnesium, Manganese, Oleic Acid, Pantothenate, Selenium, Serine, Vitamin A, Vitamin B1, Vitamin B2, Vitamin B3, Vitamin B6, Vitamin B12, Vitamin C, Vitamin D3, Vitamin E, Vitamin K2, Zinc, IMMUNIDEX SPECTROX®

CARDIOVASCULAR

Please verify testing tube expiration date.

Time sensitive-See specimen collectioninstructions onreverse side.

☐ **LPP® Plus** (Lipoprotein Particle Profile)
Tube: 2 SST (Tiger Top) Tubes

Lipoprotein Fractionation, Lipoprotein Particle Numbers, Total Cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides, Lipoprotein (a), hs-CRP, Homocysteine, Apolipoprotein A-1, Apolipoprotein B, Insulin

☐ **Cardi-A1c**
Tube: 2 SST (Tiger Top) Tubes and 1 EDTA (Lavender Top) Tube

Lipoprotein Particle Profile Plus Hemoglobin A1c

WELLNESS PANELS

Please verify testing tube expiration date.

Time sensitive - See specimen collection instructions on reverse side.

☐ **Immune Health**
Tube: 2 ACD (Yellow Top) Tubes

☐ **Mental Health**
Tube: 2 ACD (Yellow Top) Tubes

☐ **Energy Optimization**
Tube: 2 ACD (Yellow Top) Tubes

☐ **Weight Optimization**
Tube: 2 ACD (Yellow Top) Tubes

GENETICS

Please verify testing tube expiration date.

☐ **MTHFR** - 1 EDTA (Lavender Top) Tube

☐ **Telomere** - 1 Sodium Citrate (Blue Top) Tube

COMBINATION PANELS

Please verify testing tube expiration date.

Time sensitive - See specimen collection instructions on reverse side.

☐ **AgeNexus** - 2 ACD and 1 Blue Top

☐ **CardiacNexus** - 2 SST and 1 Purple Top

☐ **BaselineNexus** - 2 ACD, 2 SST, 1 Blue and 1 Purple Top

FIND A DRAWSITE

For a list of Draw Sites in the U.S. please scan the QR Code.

PROVIDER NOTES

6030 North Course Drive | Houston, TX 77072 | **800-227-5227** | Fax 281-921-3222 | www.spectracell.com | CLIA 45D0710715

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The Requisition Form

The front captures account, patient, and test information, and the back providers specimen collection and handling instructions as a quick field reference.

Account & Provider Info

Print provider name and NPI or select the provider on the account.

Patient Information

Full legal name, date of birth, gender, and contact details.

Billing Information

Indicate provider (card on file) or patient self-pay, with payment details if applicable.

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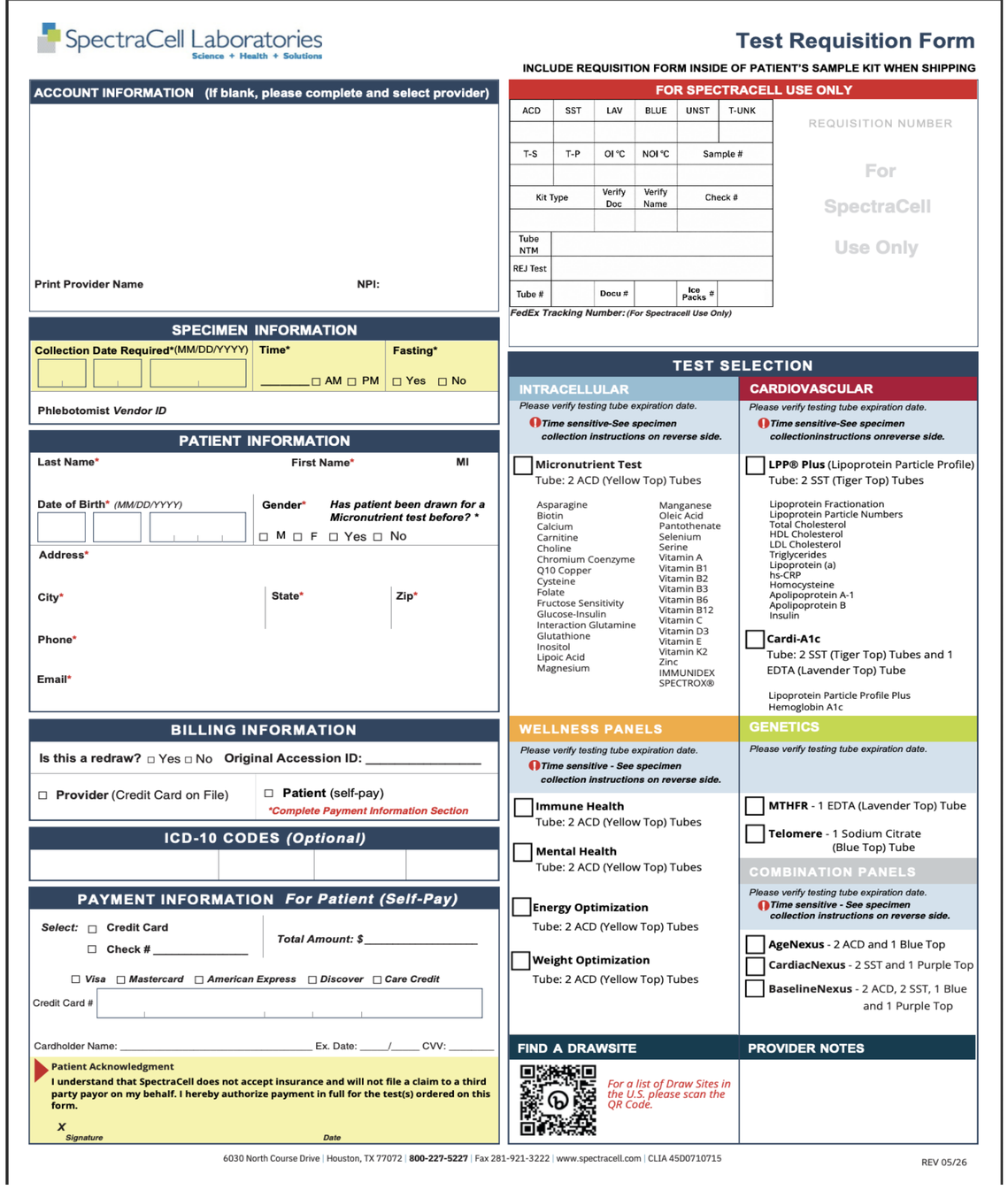

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Test Requisition Form

INCLUDE REQUISITION FORM INSIDE OF PATIENT'S SAMPLE KIT WHEN SHIPPING

ACCOUNT INFORMATION (If blank, please complete and select provider)

Print Provider Name NPI:

FOR SPECTRACELL USE ONLY

ACD	SST	LAV	BLUE	UNST	T-UNK
T-S	T-P	OI °C	NOI °C	Sample #	
Kit Type		Verify Doc	Verify Name	Check #	
Tube NTM					
REJ Test					
Tube #		Docu #		Ice Packs #	

REQUISITION NUMBER

For SpectraCell Use Only

FedEx Tracking Number: (For Spectracell Use Only)

SPECIMEN INFORMATION

Collection Date Required*(MM/DD/YYYY) | Time* _____ ☐ AM ☐ PM | Fasting* ☐ Yes ☐ No

Phlebotomist *Vendor ID*

PATIENT INFORMATION

Last Name* First Name* MI

Date of Birth* *(MM/DD/YYYY)* Gender* ☐ M ☐ F *Has patient been drawn for a Micronutrient test before?* * ☐ Yes ☐ No

Address*

City* State* Zip*

Phone*

Email*

BILLING INFORMATION

Is this a redraw? ☐ Yes ☐ No Original Accession ID: _____

☐ **Provider** (Credit Card on File) ☐ **Patient** (self-pay)

**Complete Payment Information Section*

ICD-10 CODES *(Optional)*

PAYMENT INFORMATION *For Patient (Self-Pay)*

Select: ☐ Credit Card ☐ Check # _____ *Total Amount: $* _____

☐ *Visa* ☐ *Mastercard* ☐ *American Express* ☐ *Discover* ☐ *Care Credit*

Credit Card #

Cardholder Name: _____ Ex. Date: ____/____ CVV: _____

Patient Acknowledgment

I understand that SpectraCell does not accept insurance and will not file a claim to a third party payor on my behalf. I hereby authorize payment in full for the test(s) ordered on this form.

X *Signature* *Date*

TEST SELECTION

INTRACELLULAR

Please verify testing tube expiration date.

Time sensitive-See specimen collection instructions on reverse side.

☐ **Micronutrient Test**
Tube: 2 ACD (Yellow Top) Tubes

Asparagine, Biotin, Calcium, Carnitine, Choline, Chromium Coenzyme Q10 Copper, Cysteine, Folate, Fructose Sensitivity, Glucose-Insulin Interaction Glutamine, Glutathione, Inositol, Lipoic Acid, Magnesium, Manganese, Oleic Acid, Pantothenate, Selenium, Serine, Vitamin A, Vitamin B1, Vitamin B2, Vitamin B3, Vitamin B6, Vitamin B12, Vitamin C, Vitamin D3, Vitamin E, Vitamin K2, Zinc, IMMUNIDEX SPECTROX®

CARDIOVASCULAR

Please verify testing tube expiration date.

Time sensitive-See specimen collectioninstructions onreverse side.

☐ **LPP® Plus** (Lipoprotein Particle Profile)
Tube: 2 SST (Tiger Top) Tubes

Lipoprotein Fractionation, Lipoprotein Particle Numbers, Total Cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides, Lipoprotein (a), hs-CRP, Homocysteine, Apolipoprotein A-1, Apolipoprotein B, Insulin

☐ **Cardi-A1c**
Tube: 2 SST (Tiger Top) Tubes and 1 EDTA (Lavender Top) Tube

Lipoprotein Particle Profile Plus Hemoglobin A1c

WELLNESS PANELS

Please verify testing tube expiration date.

Time sensitive - See specimen collection instructions on reverse side.

☐ **Immune Health**
Tube: 2 ACD (Yellow Top) Tubes

☐ **Mental Health**
Tube: 2 ACD (Yellow Top) Tubes

☐ **Energy Optimization**
Tube: 2 ACD (Yellow Top) Tubes

☐ **Weight Optimization**
Tube: 2 ACD (Yellow Top) Tubes

GENETICS

Please verify testing tube expiration date.

☐ **MTHFR** - 1 EDTA (Lavender Top) Tube

☐ **Telomere** - 1 Sodium Citrate (Blue Top) Tube

COMBINATION PANELS

Please verify testing tube expiration date.

Time sensitive - See specimen collection instructions on reverse side.

☐ **AgeNexus** - 2 ACD and 1 Blue Top

☐ **CardiacNexus** - 2 SST and 1 Purple Top

☐ **BaselineNexus** - 2 ACD, 2 SST, 1 Blue and 1 Purple Top

FIND A DRAWSITE

For a list of Draw Sites in the U.S. please scan the QR Code.

PROVIDER NOTES

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The Requisition Form

The front captures account, patient, and test information, and the back providers specimen collection and handling instructions as a quick field reference.

Specimen Information

Collection date, time, and fasting status (yes/no) must all be completed.

Test Selection

Check the exact test(s) ordered. Each has a specific tube requirement shown on the form.

Requisition Form Support

If you do not have a requisition form, please contact your Sales Associate or Customer Support for assistance.

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SPECIMEN COLLECTION & HANDLING PROCEDURES

IMPORTANT NOTICE

Collect samples Monday-Friday, except on or the day before federal holidays.
First verify the expiration date on the test tube, then label it with the PATIENT NAME, DATE OF BIRTH, and DATE OF COLLECTION.
It is strongly recommended that a 21-gauge needle be used for specimen collection.

Test	Fasting	Collection Tube (Volume)	Mixed by Inverting	Centrifuge Between 30-60 mins	Refrigerate Until Shipped
Micronutrient (MNT)	N/A	ACD (2)	8 x	No	N/A
LPP Plus	Yes (9-12 hrs)	SST[1] (2)	N/A	Yes[2] (3000 rpm for 15mins)	Yes
Telomere	N/A	BLU (1)	6 x	No	N/A
MTHFR	N/A	LAV (1)	6 x	No	N/A
Immune Health	N/A	ACD (2)	8 x	No	N/A
Mental Health	N/A	ACD (2)	8 x	No	N/A
Energy Optimization	N/A	ACD (2)	8 x	No	N/A
Weight Optimization	N/A	ACD (2)	8 x	No	N/A
AgeNexus	N/A	ACD (2)	8 x	No	N/A
		BLU (1)	6 x	No	N/A
CardiacNexus	Yes (9-12 hrs)	SST[1] (2)	N/A	Yes[2] (3000 rpm for 15mins)	Yes
		LAV (1)	6 x	No	N/A
Cardi-A1c	Yes (9-12 hrs)	SST[1] (2)	N/A	Yes[2] (3000 rpm for 15mins)	Yes
		LAV (1)	6 x	No	N/A
Baseline Nexus	This kit includes the MNT, LPP, Telomere, and MTHFR tests. Please follow the individual test instructions provided above.				


ACD
ACD Solution A


SST
Serum Separator


LAV
EDTA


BLU
Sodium Citrate

1. SST only: Place SST tubes directly against and between all frozen ice packs. Keep ACD and other tubes away from the ice packs.
2. Do NOT pour off the serum.

SPECIMEN PACKAGING – ALL SPECIMENS SHOULD BE PACKAGED IN ONE KIT

Micronutrient (MNT) Kit Only

1. Freeze all ice packs for 24 hours before collection.* (Use ALL ice packs included in the kit)
2. Place tubes in foam holder and seal inside biohazard bag. Place requisition in outside pocket.
3. Place all ice packs in small compartment. Place ACD tubes (inside foam holder/ biohazard bag) in large compartment.
4. Secure Styrofoam lid and tape cardboard lid closed.

Telomere/MTHFR Kit Only

1. Place tube(s) in silver envelope.
2. Remove paper strip and seal envelope securely.
3. Place the sealed silver envelope and completed requisition into the return shipping bag.

LPP Plus Kit Only

1. Freeze all ice packs for 24 hours before collection.*(Use ALL ice packs included in the kit)
2. Place tubes inside biohazard bag. Seal it and place requisition in small compartment.
3. Place SST tubes directly against and between all frozen ice packs in large compartment.
4. Secure Styrofoam lid and tape cardboard lid closed.

Multiple Tests in One Kit

1. Freeze all ice packs for 24 hours before collection. *(Use ALL ice packs included in the kit)
2. Place tubes in foam holder and seal inside biohazard bag. Place requisition in outside pocket.
3. SST tubes: Place between ice packs in large compartment.
4. All other tubes: Place in small compartment. Do not place ACD tubes directly against frozen ice packs.
5. Secure Styrofoam lid and tape cardboard lid closed.

SPECIMEN RETURN SHIPPING INSTRUCTIONS

Always leave samples with a FedEx Pick up driver or inside a FedEx facility; DO NOT USE COURIER DROP BOX OR THRID PARTY MAIL CENTER.

For FedEx, call 1-800-GoFedEx (1-800-463-3339) to schedule a pickup.

Domestic Shipping: The Priority Overnight prepaid FedEx shipping label has been affixed to the SpectraCell Kit for return shipping.

International Shipping: A prepaid FedEx Priority Overnight return label is affixed to the FedEx pouch on the FedEx bag. Complete all 3 Commercial Invoices included with your kit, place 2 additional return labels and the completed Commercial Invoices in the pouch and place the kit inside the FedEx bag.

UPS return shipping is also available upon request. Please contact Customer Service if UPS shipping is needed.

All specimens MUST BE SHIPPED OVERNIGHT on the same day they are collected.

Call SpectraCell Labs Client Services at **800.227.5227** with any questions regarding specimen requirements or shipping instructions.

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The Requisition Form

The front captures account, patient, and test information, and the back providers specimen collection and handling instructions as a quick field reference.

Collection Requirements Table

Look up fasting, tube type, inversion count, centrifuge, and refrigeration needs for every test in one table.

Tube Types & Packing Rules

ACD, SST, LAV, and BLU tubes each have their own packing rule. ONLY SST tubes may touch the ice packs directly.

Return Shipping Instructions

Ship specimens the same day via FedEx Priority Overnight. Never leave samples in a courier drop box or third-party mail center.

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Quick Reference Checklist

- Collect Monday–Friday only; verify tube expiration and label tubes completely.
- Match the tube type to the test: ACD, SST, LAV, or BLU
- Freeze all ice packs 24 hours ahead; use every ice pack in the kit
- SST tubes only may touch ice packs directly; keep all others away
- Never pour off serum from SST tubes
- Ship the same day via FedEx Priority Overnight, hand to driver or bring to a FedEx facility

Questions?

Contact your SpectraCell Sales Associate or Customer Support for any specimen requirements or shipping questions.

6030 North Course Drive, Houston, TX 77072

1 (800) 227-5227

support@spectracell.com

www.spectracell.com

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