

Biocomp Laboratories, Inc.
3707 Parkmoor Village Dr. Ste. 104
Colorado Springs, CO 80917
1-800-331-2303 or 719-548-1600

REQUEST FOR CLIENT SERUM SAMPLE

_____		_____		_____	
Client Name	Date of Birth	Name of Dentist			
_____		_____		_____	
Address		Address			
_____		_____		_____	
City		City			
_____		_____		_____	
State	Zip	Phone #	State	Zip	Phone #

To Whom It May Concern:

The above client wishes to have our specialized blood serum biocompatibility test run at our facility at the request at the client's above dentist. It would be most appreciated if the blood serum sample could be drawn and processed according to the instructions on the reverse side of the page. our charges to the client do not include any of your lab serum preparation fees. We have informed all clients that your charges are separate and must be paid directly to your office. please do not bill our office for any charges. I am the Laboratory Director for Biocomp Laboratories Inc. and not the treating physician or treating dentist for this client. Therefore I am unable to Provide any diagnostic or insurance coding information. You may feel free to contact the above dentist to obtain diagnostic or insurance coding information from there office. If insurance coding cannot be obtained , our recommendation is to bill the client directly for all services. If you have any questions, please feel free to visit our website at www.biocomplaboratories.com or call our office at the number listed below.

Thank you for your assistance in this matter.

Sincerely



Robert McMullen, PhD
Tax ID #26-3806018
CLIA #06D 0644420

LABORATORY BLOOD SERUM SAMPLE
PREPARATION INSTRUCTIONS

**TO THE LABORATORY: PLEASE FOLLOW THESE INSTRUCTIONS
COMPLETELY *Thank you!***

1. Arrange for whole blood to be drawn into 2 red top specimen tubes (SST Tubes-Serum Separator Tubes or plain red tops) Note: These tubes are provided by the laboratory drawing the sample. 22 or 23 gauge are not recommended because these needles can often cause hemolyzed serum samples.
2. Immediately after the drawing of the blood into the tubes, let them sit undisturbed for at least 15 minutes to allow blood clotting.
3. Centrifuge the two clotted tubes of blood for at least 20 minutes at 3000 RPM. (PLEASE NOTE: A minimum of 4 ccs of serum is required. Also, please redraw the blood if there is evidence of hemolysis as this artifact will invalidate the testing. The serum will be yellow in color if processed correctly)
4. Immediately after centrifuging, pipette or pour the serum into the smaller transfer tube provided (the larger outer tube is a protective tube while the smaller inner vial is the serum transfer tube). Please ensure that the inner vial lid is screwed on tightly and the patient's name and the date of draw is on the label.
5. Place the large vial containing the smaller vial into the Styrofoam container along with the insulation packets surrounding it. Then place the Styrofoam container inside the cardboard box provided. Also place the patients "Compatibility order form" inside the box as well. Please do not write on or tape on this outer box, as we do try to reuse and recycle.
6. Preferably place the serum sample into the freezer until Fed Ex pickup, or the sample may be given to the client so that they can take it to a Fed Ex location.
7. The specimen must be sent by **OVERNIGHT DELIVERY** either by the patient or the laboratory. Please ship via FedEx or UPS, do not ship via Airborne Express or United States Postal Service. **PLEASE SEND THE SPECIMEN MONDAY THROUGH THURSDAY ONLY.** If not shipped on these days the specimen may be rendered useless and a new one will need to be sent.
8. **PLEASE NOTE THAT ALL APPLICABLE LABORATORY-RELATED FEES, MUST BE BILLED TO AND/OR DIRECTLY COLLECTED FROM THE PATIENT.** Our testing charge to the patient does not cover any of these fees.