

International - Mycotoxin Panel Urine Collection Instructions

Please read carefully before collecting

THINGS TO KNOW BEFORE SUBMITTING YOUR SAMPLE:

1. All test requests must be signed by a PRACTITIONER (If your practitioner asked RTL to ship this kit to you, we should have their signature on file). Tip: If your practitioner's information is printed on the top left corner of the requisition form, you do not have to have them sign the form.

2. All results will be SENT TO THE ORDERING PRACTITIONER. If the patient would like a copy of the results, please contact the PRACTITIONER first.



Contents of Kit

Requisition Form
Instructions for Specimen Collection
Conical Collection Cup
Plastic Transport Tube with Cap
Biohazard Bag
Absorbent Pad
6 oz Cold Pack
Thermal Mailer (Silver)
Commercial Invoices (3 Copies)
Pre-addressed UPS Sleeve
Outer Document Plastic Pouch

Make sure the test requisition form is COMPLETELY filled out EXCEPT for the very bottom of the page where it says "RealTime Lab Use Only."

1 Pay special attention to make sure that there is a signature of a licensed practitioner as well as the complete name and date of birth of the patient and which test is desired.

If you are taking the medication methylene blue, DO NOT submit sample until urine has returned to a normal color.

Check One

- ☐ Practitioner Pay
☐ Patient Pay
☐ Medicare - Sign ABN on Page 2
☐ Tricare
☐ Insurance

Specimen Type

- ☐ Urine
☐ Body Fluid = U
☐ Dry Urine Card (OAP/EPP) = DUC

☐ Blood (Aspergillus ONLY)
Lavender Top (EDTA) = LAV

☐ Swab (Aspergillus ONLY)
☐ Nasal Swab = NS

☐ Research Use Only - RUO
Tissue Type _____
Other _____

Frozen? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Frozen: / / Date Sent: / /	
Patient's Name (Last, First, MI)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth MO DAY YR
Collection Date	Collection Time
Is this a follow-up test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient's Phone:	Patient Email:
MEDICARE ADVANCE BENEFICIARY NOTICE (ABN) Medicare Patients Must Complete and Sign ABN on Page 2	
I hereby authorize payment directly to RealTime Laboratories, Inc. for all testing. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurance.	
Patient Signature:	Date:
Practitioner	
Practitioner's Name (Last, First)	
Practitioner's Signature	
X	
NPI	Diagnosis/Signs/Symptoms in ICD Format (highest specificity)

MYCOTOXIN TESTS by ELISA	TYPE
<input type="checkbox"/> E8400 Mycotoxin Panel (16 Mycotoxins) (E8501, E8502, E8503, E8510, E8512) Ochratoxin A Aflatoxin B1, Aflatoxin B2, Aflatoxin G1, Aflatoxin G2 Satratoxin G, Satratoxin H, Isosratoxin F, Roridin L-2, Roridin A, Roridin H, Roridin E4, Verrucaric Acid, Verrucaric Gliotoxin Zearalenone	U

MYCOTOXIN TISSUE TESTS-RUO	TYPE
<input type="checkbox"/> E8400 Mycotoxin Panel (16 Mycotoxins)	T
<input type="checkbox"/> Tissue Type (Fresh)	
<input type="checkbox"/> Tissue Type (In Block)	

HERBICIDES	TYPE
<input type="checkbox"/> P1001 - Glyphosate Exposure Analysis	U

OAP and EPP TESTING	TYPE
<input type="checkbox"/> OA100 Organic Acids Profile (OAP)	DUC
<input type="checkbox"/> EP100 Environment Pollutants Profile (EPP)	DUC

RTL TOX COMPLETE COMBOS	TYPE
<input type="checkbox"/> RTL TOX Complete Mycotoxin + OAP + EPP	U+DUC
<input type="checkbox"/> RTL TOX Complete PLUS Mycotoxin + OAP + EPP + Glyphosate	U+DUC

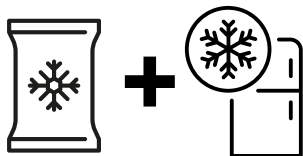
INFECTIOUS DISEASE RT-PCR	TYPE
<input type="checkbox"/> B4000 Urinary Tract Infection Organisms: A. baumannii, C. albicans, C. freundii, E. faecalis, E. faecium, E. cloacae complex, E. coli, K. aerogenes, K. oxytoca, K. pneumoniae, M. morganii, P. mirabilis, P. vulgaris, P. stuartii, P. aeruginosa, S. saprophyticus, S. agalactiae Genes: 23rRNA-ermB, blaKPC, blaSHV, vanB, mecA, qnrA, sul1	U

FUNGAL DNA TESTING by REALTIME PCR	TYPE
<input type="checkbox"/> M8605 Aspergillus Panel A. niger, A. flavus, A. fumigatus, A. terreus	LAV/T/NS
<input type="checkbox"/> M8617 Candida Panel C. albicans, C. krusei, C. glabrata, C. tropicalis, C. parapsilosis, C. auris	U

*If you need to make corrections on the requisition form, cross out and write your initials. DO NOT use white out.

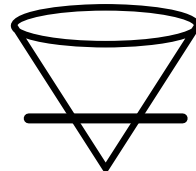
2

Place cold pack in the freezer laying flat.



3

Collect urine into the conical cup provided (optional) approximately halfway full. A clean, new disposable cup can also be used.



4

Pour the urine into the plastic RTL tube. FILL ONLY HALF WAY FULL AND SECURELY SEAL THE ENCLOSED CAP. (You should hear a pop when it is fully secured).



5

Print on the specimen tube, in the designated areas: Date collected, patient first AND last name, and patient Date of Birth (DOB). SPECIMEN WILL BE REJECTED BY THE LAB IF THE TUBE IS BLANK!



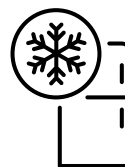
Full name

Date of birth

Date of collection

6

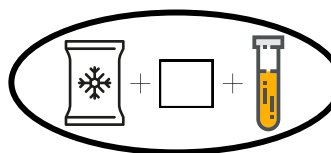
Place sample in freezer immediately after collection. Both sample and ice pack should be completely frozen before shipping.



7

Once sample and cold pack are completely frozen, place them in the biohazard bag along with the absorbent pad.

Double check to ensure that the data on the tube matches the data on the test requisition.



8

Fold and place requisition form in the outside sleeve of the biohazard bag. Note: this opening does not seal shut.



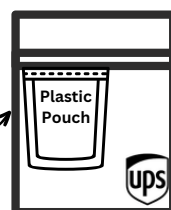
9

Place Biohazard Bag (containing the tube and test) into the silver thermal mailer and seal shut.



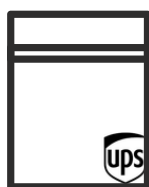
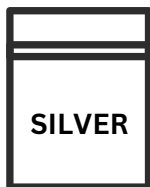
10

Fill out the required information on all three (3) commercial invoices, fold and place inside the outer plastic pouch. (you may need to place/stick the pouch on the UPS pack)



11

Place silver mailer inside pre-addressed UPS sleeve and pull off the preventative stick tape at the top of the bag.



12

Make sure the bag is closed completely.



SEND SPECIMEN TO RTL

All specimens should be sent immediately after collection (preferably within the first 48 hours after collection). If the specimen cannot be sent immediately, **FREEZE the specimen and note the date it was frozen on the indicated part at the top of the test requisition.** RTL validations allow for the specimen to be sent to the lab in a liquid state and received by the lab within **7** days of collection or within **14** days if sent frozen and in the thermal mailer along with the ice pack. Take specimen to UPS store or affiliate for shipment.

The mailer provided by RTL is self-addressed and UPS prepaid, so please do not put any more postage on the mailer.