



**ASPARAGINASE SAMPLE SUBMISSION FORM**

601 Biotech Drive, Suite 301  
North Chesterfield, VA 23235  
PHONE: (844)947-2643; FAX: (804)977-5041  
Email: clientservices@grangergenetics.com

**PATIENT INFORMATION** | **PHYSICIAN / INSTITUTION BILLING INFORMATION**

\_\_\_\_\_  
**Last Name\***                      **First Name\***                      **M.I.**

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City                                      State                                      Zip Code

**DOB\*:** \_\_\_\_\_                      **SSN:** \_\_\_\_\_

SEX: Male       Female

MRN # / Sample ID: \_\_\_\_\_

PO# if Required: \_\_\_\_\_

**Samples should be shipped cold by overnight express for delivery Monday through Friday. Granger Genetics is closed Saturday and Sunday.**

\*Indicates Required Field  
 \*\*See sample submission requirements on the back of the page

Institution Name: \_\_\_\_\_

**Ordering Physician\*:** \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
**Name of Person Completing this Submission Form & Date**

**SEND DUPLICATE REPORT TO:**

\_\_\_\_\_  
 Last Name                                      First Name

\_\_\_\_\_  
 Fax Number                                      Phone Number

**SAMPLE INFORMATION**

Date of Collection: \_\_\_\_\_ Time of Collection: \_\_\_\_\_

Did the patient receive a previous dose of asparaginase? (Y/N) \_\_\_\_\_

If Yes Date of last Injection: \_\_\_\_\_ Time of last Injection: \_\_\_\_\_

L-asparaginase administered: (Mark One)  Oncaspar     Erwinaze     Other \_\_\_\_\_

**ASSAY REQUESTED**

Asparaginase Activity                      **OR**                       Asparaginase Panel (Includes Activity & Antibody)

**SAMPLE TUBE LABEL AND COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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### \*\* SPECIMEN REQUIREMENTS

**Specimen:** Serum

**Collection:** Venous Collection, Red-top tube or gel-barrier tube, separate serum from RBCs within 2 hours, Freeze/Refrigerate serum immediately

**Volume:** 0.5 – 2 mL

**Storage Instructions:** Freeze prior to transport. Sample may be refrigerated at 2°C to 8°C, see stability below.

Temperature	Timeframe (activity assay)	Timeframe (antibody assay)
Room Temperature	1 Day	4 Hours
Refrigerated	3 Days	3 Days
Frozen	30 Days	7 Days
Freeze/Thaw Cycles	3 Cycles	3 Cycles