



ASPARAGINASE REQUISITION FORM

601 Biotech Drive, Suite 301

North Chesterfield, VA 23235

PHONE: (844) 347-2643; FAX: (804) 977-5041

Email: clientservices@grangergenetics.com

PATIENT INFORMATION			PRACTITIONER & INSTITUTION BILLING INFORMATION	
Last Name* _____ First Name* _____ M.I. _____ _____ Street Address _____ _____ City _____ State _____ Zip Code _____ DOB* : _____ SEX* : Male <input type="checkbox"/> Female <input type="checkbox"/> MRN # : _____ Sample ID : _____ *Indicates Required Field			Institution Name* : _____ Ordering Practitioner* : _____ _____ Ordering Practitioner's Signature on this line. Copies of Electronic Orders can be sent in lieu of actual wet signature. Billing Address* : _____ _____ _____ Phone : _____	
NOTE: Granger Genetics is CLOSED and does not receive samples on Saturday or Sunday , please plan your shipments accordingly.				
SAMPLE INFORMATION				
Date of Collection* : _____ Time of Collection : _____ AM / PM See specimen requirements on the back of the page. Did the patient receive a previous dose of asparaginase? (Y/N) _____ If Yes Date of last Injection : _____ Time of last Injection : _____ AM / PM L-asparaginase administered*: (Please Select One Option) <input type="checkbox"/> Asparlas <input type="checkbox"/> Erwinaze <input type="checkbox"/> Oncaspar <input type="checkbox"/> Rylaze <input type="checkbox"/> Other _____				
PLEASE SELECT A TEST TO BE PERFORMED*				
<input type="radio"/> Asparaginase Activity OR <input type="radio"/> Asparaginase Panel (Includes Activity & Antibody)				
REPORT DELIVERY OPTIONS			SAMPLE TUBE LABEL AND/OR COMMENTS	
<input type="checkbox"/> Fax 1: _____ <input type="checkbox"/> Fax 2: _____ <input type="checkbox"/> Web Portal If not already signed up fill out the information below to receive an email with setup instructions. Name : _____ Email : _____				



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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)
Refrigerated	3 Days	3 Days
Frozen	30 Days	30 Days
Freeze/Thaw Cycles	3 Cycles	3 Cycles

SHIPPING RECOMENDATION

Sample Temperature: It's recommended to send the samples frozen but cold is fine if temperature can be maintained during transit.

Shipping: Samples should be sent via Priority Overnight Express delivery. **First AM shipping is not necessary.**

- Shipping on dry ice is preferred. If using cold packs, please freeze sample prior to shipping.

Sample Delivery: Ship samples to be delivered Monday through Friday.

- ***PLEASE NOTE: Granger Genetics is closed and does not receive samples on Saturday or Sunday, please plan your shipments accordingly.***
- ***Any additional closings, such as Holidays, will be posted on our website.***