



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. _____			Institution Name*: _____		
Street Address _____			Ordering Practitioner*: _____		
City _____ State _____ Zip Code _____			Ordering Practitioner's Signature on this line. Copies of Electronic Orders can be sent in lieu of actual wet signature.		
DOB*: _____ SEX*: Male <input type="checkbox"/> Female <input type="checkbox"/>			Billing Address*: _____		
MRN #: _____			_____		
Sample ID: _____			_____		
*Indicates Required Field			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 PREFORMED*	
<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.***

BUSINESS ASSOCIATE AGREEMENT

By completing and submitting this requisition to Granger you are agreeing to the BAA found at <https://www.grangergenetics.com/compliance/baa/> and you acknowledge your responsibility to protect patient data according to HIPAA standards.