



PATIENT NAME (LAST) (FIRST) (M.I.)

BIRTHDATE SEX PATIENT/LAB ID NUMBER
DD / MMM / YYYY

REFERRING PHYSICIAN CONTACT INFORMATION FOR ARUP CHARTING

Physician name
Street address
City State Zip
Phone number Fax number
Physician email address (Required for results)
Submitting site name (if different than referring physician)
Submitting site phone number
Submitting site email address

SPECIMEN COLLECTION AND TRANSPORT INSTRUCTIONS

Collect: Four timed specimens in Lavender (EDTA) tubes. Collect at 0 minutes (before eliglustat administration) and repeat collections 1 hour, 2 hours, and 3 hours after eliglustat administration. Follow the steps listed below. Record patient name, date of birth, and date and time collected on each lavender (EDTA) tube.

Specimen Preparation: For each time point collected, separate plasma from cells ASAP (within 2 hours from collection). Transfer 1 mL plasma per time point to an individual ARUP standard transport tube. Label each transport tube with patient name, date of birth, and date and time collected. Freeze immediately.

Transport: Place all frozen transport tubes and completed test request form into the ARUP Frozen Specimen Bag. Seal securely and keep frozen.

- Place ARUP Frozen Specimen Bag inside the shipping box. Fill completely with dry-ice and tape shut.
- Attach the prepaid FedEx shipping label to the top of the shipping box.
- Contact FedEx for an immediate priority pickup

**SAMPLES MUST BE DELIVERED TO ARUP
MONDAY THROUGH FRIDAY EXCLUDING HOLIDAYS**

CERDELGA (ELIGLUSTAT) PLASMA TEST REQUEST FORM

2010979 Cerdelga Panel, Peak Levels (Four (4) specimens required)

1. Patient must be on Cerdelga (eliglustat) treatment. Specimen should be collected just prior to administration of a scheduled dose.

Last Dose: Information only (no specimen collected) Date DD-MMM-YYYY Time HH:MM (00:00-23:59)

2. Specimen collected at 0 minutes (trough) **Label: 0 Hour (yellow)** Date DD-MMM-YYYY Time HH:MM (00:00-23:59)

3. Patient takes Cerdelga dose:
Information only (no specimen collected) Date DD-MMM-YYYY Time HH:MM (00:00-23:59)

4. Specimen collected at each time point.
60 minutes post dose **Label: 1 Hour (orange)** Date DD-MMM-YYYY Time HH:MM (00:00-23:59)

120 minutes post dose **Label: 2 Hour (green)** Date DD-MMM-YYYY Time HH:MM (00:00-23:59)

180 minutes post dose **Label: 3 Hour (blue)** Date DD-MMM-YYYY Time HH:MM (00:00-23:59)

Example of "Date" and "Time" entry: Date 24-JUL-2014 Time 17:13
DD-MMM-YYYY HH:MM (00:00-23:59)

(24-hour clock)

NUMBER OF SPECIMENS SUBMITTED _____

TOTAL NUMBER OF TESTS ORDERED _____

ARUP USE ONLY
Master Label Area

THIS BOX FOR ARUP LABORATORIES' USE ONLY.

QTY _____	RT _____	R _____	F _____	ID# _____
SER _____	PLA _____	WB _____	URINE _____	STOOL _____
TISSUE _____	SST _____	OTHER _____	CSF _____	S/P _____
				WRAPPED _____