



PATIENT IDENTIFIER (Requisition initiation date and time DD-MMM-YYYY HH:MM)

YEAR OF BIRTH **GENDER** **NOTE:** Do NOT provide patient name and date of birth on this form. Physician must maintain a method for positive patient identification.
YYYY

REFERRING PHYSICIAN CONTACT INFORMATION FOR ARUP CHARTING

Physician name _____
Street address _____
City/Town/Locality _____ Postal code _____ Country _____
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 the date and time 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 transport tube. Label each transport tube with the patient identifier, date and time collected. Freeze immediately.

Transport: Place all frozen transport tubes and completed test request form into an appropriate specimen bag. Seal securely and keep frozen.

- Place specimen bag inside a shipping box. Fill completely with dry-ice and tape shut.
- Inquire with local customs or carriers about shipping guidelines and maintaining the frozen specimen temperature requirement.
- Attach the FedEx shipping label to the top of the shipping box. (Use FedEx account #215317935)
- Contact FedEx for an immediate priority pickup

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

ELIGLUSTAT INTERNATIONAL PLASMA TEST REQUEST FORM

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

1. Patient must be on Eliglustat treatment. Specimen should be collected just prior to administration of a scheduled dose.

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

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

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

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

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

180 minutes post dose **Label: 3 Hour** Date _____ Time _____
DD-MMM-YYYY 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 _____	