

KIT, VIP/GLUCAGON/PTHrP PROTEASE INHIBITOR COLLECTION INSTRUCTIONS

Manufacturer

Haematologic Technologies, Inc.

Kit/Reagent Purpose

To provide a protease inhibitor that will preserve the integrity of the specimen by quenching unwanted protease activity for the following tests:

ARUP Test Code	Test Name
0099435	Vasoactive Intestinal Peptide
0099165	Glucagon
2010677	Parathyroid Hormone-Related Peptide (PTHrP) by LC-MS/MS, Plasma

Kit/Reagent Contents

- 1 each, tube, collection SCAT-875B-3/5-ARUP
- 1 each, collection instructions, ARUP-CI-49662

Store kit collection tubes refrigerated at 2–8°C until expiration date indicated on the tube label.

Do not use past the expiration date.

Other Supplies Needed

Winged collection set, also referred to as butterfly collection set

Specimen Requirements

- 3.0 mL of whole blood collected in a SCAT-875B-3/5-ARUP tube. ARUP accepts only specimens drawn in the protease inhibitor SCAT-875B-3/5-ARUP tube. All other collection tube types are unacceptable.
- Separate specimens must be drawn and submitted when multiple tests are ordered.

Specimen Collection

- Collect 3.0 mL of whole blood in a SCAT-875B-3/5-ARUP tube.
- A winged collection set must be used.
- Do not collect using direct phlebotomy with a needle/tube-holder assembly.

WARNING: Tubes are NOT STERILE. Collect the specimen into the collection tube through a winged collection set. Filling collection tubes directly through a needle/tube-holder assembly increases the risk of chemical reflux back into the vein of the patient.

NOTE: When collection from a dialysis line or a PICC line is necessary, clear the lines before the patient whole blood is added to the tube to avoid possible dilution and contamination of the whole blood specimen. Immediately transfer the specimen to the SCAT-875B-3/5-ARUP tube and mix thoroughly by gentle inversion.

Preparation Instructions

1. Mix SCAT-875B-3/5-ARUP tube thoroughly.
2. Separate the plasma from the cells within one hour of collection by centrifugation.
3. Transfer plasma into the ARUP standard transport tube as follows:

Test Name	Plasma Volume Required	Plasma Volume Minimum
Vasoactive Intestinal Peptide	1.0 mL	0.5 mL
Glucagon	1.0 mL	0.5 mL
Parathyroid Hormone-Related Peptide (PTHrP) by LC-MS/MS, Plasma	1.5 mL	0.7 mL

4. Separate specimens must be drawn and submitted when multiple tests are ordered.
5. Freeze immediately.
6. Transport specimen frozen to ARUP.

NOTE: Do not submit the SCAT-875B-3/5-ARUP collection tube to ARUP for testing.

Specimen Storage/Transport

Frozen