

7. Close the Blood Collection Device

1. After 4 blood drops are absorbed, close the device firmly by folding over the top. Make sure the latches are secure. Lay on flat surface.



2. **Proper Device Handling**

After use, the Collection Device containing your blood sample can be stored at room temperature (65°- 72° F) before mailing to the laboratory. Sample must be shipped within 24 hours of collection.

8. Mailing Instructions

Within 24 hours of collection

1. Verify all information is provided on the Test Requisition Form. The Laboratory will **NOT** process your sample without the date of collection and your signature. Remove the "yellow" copy and keep for your records.
2. Verify blood collection device is closed securely and place it in the return mailing envelope. Place the Test Requisition Form inside the envelope as well.
3. Seal envelope and drop in any US Mail Box.

Important Blood Collection Information

Improper collection of blood specimens may affect laboratory results. Carefully read and follow the collection instructions. Persons with hemophilia or anti-coagulation therapy should consult a licensed physician or healthcare professional before using this kit.



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INSTRUCTIONS

Blood Spot Collection Using BLOOD-DS™ Device

BLOOD TESTING MADE SIMPLE

**PLEASE READ ALL INSTRUCTIONS
BEFORE HANDLING COLLECTION DEVICE**

QUESTIONS?
(816) 425-1690
info@coremedicalabs.com

1. Before You Begin

Do **NOT** open foil pouch until you are ready to begin collecting your blood sample. The collection device **MUST** be used within 30 minutes after opening foil pouch.

1. Check the contents of your kit:
 - 1 Foil Pouch (Collection Device)
 - 2 Lancets (one extra if needed)
 - 1 Alcohol Swab
 - 1 Adhesive Bandage
 - 1 Gauze Pad
 - 1 Test Request & Consent Form
 - 1 Return Mailing Envelope

You can view instructional video at
<https://www.coremedicalabs.com/specimens.html>

4. Prepare for Collection

1. Rinse hands in warm water.
2. Select fingertip, ring or middle fingertip. Puncture site should be on the right or left side.
3. Clean with alcohol pad.
4. Stimulate blood flow to the selected finger by letting your hand hang at your side for 15-20 seconds.
5. Shake your hand back and forth several times.



2. Record Your Data

Complete Test Requisition & Consent Form.
Please Print Clearly. Enter your information as indicated along with the date of collection and signature.

CoreMedica Laboratories Inc. 200 NE Mission Road, Suite 100, Portland, OR 97232
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FOR CLINIC USE ONLY
Patient ID # _____ Event _____
(mandatory) (optional)

First Name: _____
Last Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____ Email: _____
DOB: ____/____/____ Gender: M F (circle one)
Collection Date: ____/____/____ Time: ____:____
Fasting: YES NO (No food or drink 10 hours)
Test Ordered: _____

Blood Card Label LAB USE ONLY

CONSENT & RELEASE
I hereby acknowledge and consent to giving the form that CoreMedica will deliver laboratory services. I understand that for any healthcare concern I may have, I should contact my local healthcare provider. The collection of the blood sample and my submission of the form is my consent and acceptance to the collection and testing of my blood for the purpose of the service listed above. I understand that the value of the service and its efficacy and any other matter and individual associated with the SERVICE including but not limited to distribution or controlled substances of this SERVICE and their accuracy, analysis, diagnosis, and distribution from any and all liability of any kind or nature whatsoever arising from or in any way connected with the collection and testing of the blood sample and acknowledge my understanding that the results for the SERVICE can be affected by many factors, such as medical condition, illness or medication, and do not constitute medical advice or a diagnosis of any kind.

Date: ____/____/____
Signature: _____

5. Lance Finger

Note: Do **NOT** use the center of the fingertip. Only use side of fingertip pad as the puncture site for less discomfort.

1. Using the lancet provided, remove the cap, place palm up and position lancet on finger.
2. Place finger firmly against hard surface and press down on Lancet to puncture site.
3. Wipe off the first blood drop with the gauze pad.



- Keep the gauze pad until you are done.**
4. Discard used safety lancet in regular trash.

3. Identify Your Sample

1. Retrieve Blood Collection Device from foil pouch.
2. Remove "Blood (bar-code) Card" label from Requisition Form and affix label to the top portion so it is visible after closing the device.
3. Place device with collection side up, on a flat and level surface.
4. Do **NOT** remove clear cover.

Place Label



6. Apply 4 Blood Drops

1. Blood should begin to flow freely.
2. Allow large drops to form. If blood drop does not form, wipe with gauze again and gently squeeze finger from the palm to fingertip.
3. FOUR (4) large blood drops are required to fall in the center of the clear cover applicator.
4. Apply drops continuously. **Do NOT** Stop and wait between drops.
5. **If blood flow stops, repeat step #2 above as needed to generate blood flow.**
6. After applying 4 drops, wait 3 minutes for blood to soak into the white membrane.

