



## Manual preparation and collection of specimens for Peripheral blood Telomere length Measurement

### **OBJECTIVE**

This manual is intended to provide a guide for the user in the selection of test items, type specimens and delivery of the specimens correctly.


### **CONTACT INFORMATION**

Wincell research Co., Ltd

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E-mail: [consults@wincellresearch.com](mailto:consults@wincellresearch.com)

<b>TESTING</b>	Peripheral blood Telomere length Measurement
<b>OBJECTIVE</b>	Analysis of Telomere Length
<b>METHOD</b>	Real Time PCR
<b>CONTAINER</b>	Blood collection tube contains EDTA (Purple top) 
<b>SPECIMEN</b>	2 tubes of EDTA - whole blood, 3 ml / each tube
<b>PATIENT PREPARATION</b>	No NPO
<b>COLLECTION AND TRANSPORTATION</b>	<ol style="list-style-type: none"> <li>1. Draws blood from veins volume 6 ml. and put into 2 collection tubes with EDTA, 3 ml. per each tube. Convert tube gently for mixing blood and EDTA together</li> <li>2. Keep blood after drawing in 4oC (degree Celsius) and call the laboratory for picking samples within 24 hours (Do not shake or frozen)</li> <li>3. Complete all information of the patient ( especially Age, weight, height )</li> <li>4. Call laboratory to process blood delivery. Please attach request form and sample for testing to office</li> </ol>
<b>SPECIMEN REJECTION</b>	<ul style="list-style-type: none"> <li>• Unlabeled or Sample labeled with more than one name</li> <li>• Requisition and Sample Labeling mismatch</li> <li>• Incorrect container or preservative that would invalidate results</li> <li>• Specimens kept over 48 hours after blood draws that would affect the results</li> <li>• Improper transportation e.g. keeping specimen on ice during transportation</li> </ul>
<b>SENDIND SAMPLE</b>	<ul style="list-style-type: none"> <li>• To send samples for testing. Please contact us; 02- 670 0731-2 press 1</li> </ul>
<b>TURNAROUND TIME</b>	<ul style="list-style-type: none"> <li>• 7 working days</li> </ul>
<b>SERVICE HOURS</b>	<ul style="list-style-type: none"> <li>• Monday to Saturday 9:00 am to 5:00 pm</li> <li>• Sunday and public holiday Closed</li> </ul>
<b>RECEIVE THE RESULT</b>	<ul style="list-style-type: none"> <li>• Fax or E-mail as request in request form</li> <li>• Original report form will be enclosed and send to patient by messenger</li> </ul>



<b>ANALYSIS UNITS</b>	<ul style="list-style-type: none"><li>• Median Telomere Length Base Pair : MTL (bp)</li></ul>
<b>REFERENCE VALUE</b>	<ul style="list-style-type: none"><li>• Depend on age (years)</li></ul>
<b>CUSTOMER SURVICE</b>	<p>If you have any further questions, please do not hesitate to contact me;</p> <ul style="list-style-type: none"><li>• Phone : 02- 670 0731-2 press 1</li><li>• E-mail : lab@wincellresearch.com</li></ul>

## EXAMPLE OF REQUEST FORM



**Wincell Research Co., Ltd**  
1,29<sup>th</sup>Floor, Unit 2909, Empire Tower South Sathorn Rd., Yannawa, Sathorn, Bangkok, 10120, Thailand  
Tel: (+66)2-670-0731-2, Fax: (+66)2-670-0733, E-mail: Lab@wincellresearch.com

FM-WC-057

### Laboratory Request Form

Patient information	Specimen information
Name : <u>Win Research</u> Age : <u>35</u> Sex : <u>Female</u> HN : <u>15015</u> Hospital/Clinic : <u>Win Clinic</u> Ordering Physician : <u>Dr. Wincell Empire</u> Diagnosis : _____	Collection date : <u>15/06/15</u> Collection time : <u>13.00</u> Collection by : <u>Alis Natcha</u> <b>Specimen types</b> <input type="checkbox"/> EDTA – blood <input type="checkbox"/> Heparinized - blood <input type="checkbox"/> EDTA – plasma <input type="checkbox"/> Heparinized - plasma <input type="checkbox"/> Serum <input type="checkbox"/> Other : _____

### Laboratory Testing

Special test	Flow cytometry*	Cell culture**
<input type="checkbox"/> Natural cytotoxic activity (NK activity)	<input type="checkbox"/> Stem cell count (CD34 / CD105)	<input type="checkbox"/> Win-K cells (NK / CIK culture)
<input checked="" type="checkbox"/> Telomere length	<input type="checkbox"/> Hematopoietic stem cell count (CD34)	<input type="checkbox"/> DC cancer vaccine
<input type="checkbox"/> HMW Adiponectin	<input type="checkbox"/> Mesenchymal stem cell count (CD105)	<b>Other</b>
<input type="checkbox"/> VEGF-A***	<input type="checkbox"/> NK cell count (CD3 / CD16+56 / CD45)	<input type="checkbox"/> Other : _____

**Remark:**

- \* Required HIV, HBsAg and HCV Profiles
- \*\* Required Complete Blood Count ( CBC ) Profile
- \*\*\* Research use only

Customer information	For Wincell Research laboratory use only														
Request date : <u>15/06/15</u> Request time : <u>13.30</u> <b>Report pick-up :</b> <input type="checkbox"/> Tel _____ <input checked="" type="checkbox"/> E-mail <u>Lab@example.com</u> <input type="checkbox"/> Fax _____ <input type="checkbox"/> By self	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 50%; padding: 2px;">List</th> <th style="width: 15%; padding: 2px;">Correct</th> <th style="width: 15%; padding: 2px;">Incorrect</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">• Completed request form</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">• Specimen types</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">• Specimen is in good condition</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </tbody> </table>	List	Correct	Incorrect	• Completed request form	<input type="checkbox"/>	<input type="checkbox"/>	• Specimen types	<input type="checkbox"/>	<input type="checkbox"/>	• Specimen is in good condition	<input type="checkbox"/>	<input type="checkbox"/>	Decision : <input type="checkbox"/> Accept <input type="checkbox"/> Reject  Comment : _____ _____	
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• Specimen is in good condition	<input type="checkbox"/>	<input type="checkbox"/>													
Send by : <u>Alis Natcha</u> ( _____ ) Date : <u>15/06/15</u> Time : <u>13.30</u>	Signature : _____ ( _____ ) Date : _____ Time : _____														