

How To Order CMV inSIGHT™ T Cell Immunity Testing



COLLECTION PROCESS

Collect 6 mL (minimum volume 4.5 mL)
Collect 4 mL for PEDS(minimum volume 3.0 mL)
SPECIMEN TYPE: Whole Blood in a **SODIUM heparin tube (3/4 full tube).**
SPECIAL INSTRUCTIONS: For adult samples, sodium heparin tubes must be at least $\frac{3}{4}$ full to maintain proper ratio of blood to anticoagulant. Blood must be drawn Monday through Friday.



ORDER

Viracor Test Code: 30360

CPT Code: 86352 x 4

Send Priority Overnight

See earliest collection times below:

| Time Zone | Earliest collection time for same day shipping |
|-----------|--|
| Eastern | 8:00 a.m. |

SPECIAL INSTRUCTIONS: DO NOT SHIP on days when a holiday follows within 2 days of the shipping day. Ship samples priority overnight Monday through Friday, at ambient temperature on the same day as collection.



PACKAGE IN A “LIVE CELL” BAG IN A “LIVE CELL” SHIPPING KIT



TEXT OR EMAIL

Client Services is available to answer questions at **800•305•5198**

or contact Jean James at

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