

# How To Order CMV inSIGHT™ T Cell Immunity Testing



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## 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 ¾ full to maintain proper ratio of blood to anticoagulant. Blood must be drawn Monday through Friday.



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## 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.



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



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## TEXT OR EMAIL

**Client Services** is available to answer questions at **800•305•5198** or contact Jean James at [jean.james-dalessandro@viracor.eurofinsus.com](mailto:jean.james-dalessandro@viracor.eurofinsus.com) **862•704•0242**

