ARUP LABORATORIES

A nonprofit enterprise of the University of Utah and its Department of Pathology
500 Chipeta Way Salt Lake City, Utah 84108-1221, USA
Phone: (800) 522-2787 aruplab.com

282419—Horizon Therapeutics

1 Horizon Way
Deerfield, IL 60015

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER FOR THE TEST TO BE PROCESSED.

MUST BE COMPLETED BY THE **HEALTHCARE PROVIDER**

PATIENT INFORMATION

Patient Name (Last) (First) (MI)

Birthdate (DD/MMM/YYYY) Sex Patient/Lab ID Number

REFERRING PHYSICIAN CONTACT INFORMATION

Physician Name

Street Address

City State ZIP Code

Phone Number

Physician Email

NPI Number

PLEASE FAX RESULTS TO:

Secure Fax Number

Contact Name (Last, First)

REMINDER FOR ORDERING PHYSICIANS:
A secure fax number and contact name are REQUIRED on this form. The completed form must be included in specimen shipment.

MUST BE COMPLETED BY THE **LAB STAFF**

SPECIAL INSTRUCTIONS

Do not refrigerate or freeze specimens. Live neutrophils required. Control sample must be collected from healthy non-related donor. Both the patient and control specimen samples must be collected and submitted within 48 hours.

Collect specimens Monday through Thursday before 1 PM and ship immediately after collection.

PATIENT SPECIMEN COLLECTION

Date (DD/MMM/YYYY) Time

CONTROL SPECIMEN COLLECTION

Must be from a healthy non-related donor

Date (DD/MMM/YYYY) Time

SPECIMEN TRANSPORT

☑ Critical room temperature

SPECIMEN TYPE

☑ 3 mL to 5 mL green (heparin) whole blood, from **PATIENT**

and

☑ 3 mL to 5 mL green (heparin) whole blood, from **CONTROL** (healthy non-related donor)

☑ **0096657 Neutrophil** oxidative burst assay (DHR)

For questions, contact ARUP Client Services at (800) 242-2787, mention keyword "article 2628" and Client ID 282419.

ARUP CTT PROCESSING

THIS BOX FOR ARUP LABORATORIES USE ONLY.

QTY_____ RT R F ID#_____

SER PLA WB URINE STOOL CSF S/P

TISSUE SST OTHER_____ WRAPPED

ARUP USE ONLY

Master Label Area