



*CellSearch™ Circulating Tumor Cell Test Requisition (Clinical Research Purposes)*

**Demographics**

Company/University/Lab		
Address		
City	State	Zip
Business Phone	Fax	
<input type="checkbox"/> Invoice Account Number	<input type="checkbox"/> Bill to Credit Card	
_____ Name on card:		
Type:		
Card Number:		
Reference Number:		
Expiration Date:		



*CellSearch™ Circulating Tumor Cell Test for Metastatic Breast Cancer*

**Specimen Requirements and Handling:**

1.) Collect 10ml (minimum 7.5ml) of whole blood in the CellSave® Preservative Tube provided. Record date, time and initials below.

• **DO NOT** collect sample in EDTA, sodium heparin or ACD tubes. **Specimens will not be processed if they are not in the CellSave® Preservative Tube.**

2.) Tube should be gently inverted 8 times after draw and transported at room temperature.

3.) Specimens need to be processed within 72 hours of collection. Therefore, submit samples within 24 hours of blood draw to ensure timely delivery.

• Collect prior to new therapy and at follow-up visits (prior to administration of a new cycle of therapy) and allow at least 7 days after administration of doxorubicin.

4.) Complete the CBI Requisition form.

5.) Call **Carolina BioOncology Institute** at **704.947.6599** for ordering and shipping information or to schedule a pick up.

\_\_\_\_\_ **Date blood collected**

\_\_\_\_\_ **Phlebotomist initials**

\_\_\_\_\_ **Time blood collected**

**Please check this box to request more tubes.**

**Number of tubes** \_\_\_\_\_