



If you would like us to process your samples for a research project, please complete the Statement of Work Form and send it to [orders@rprdx.com](mailto:orders@rprdx.com). We will contact you shortly after we receive your information.

**Important Note:** Results from samples submitted under this Statement of Work are for research purposes, only, and should never be used to make clinical decisions. Testing results intended for making decisions about patient care should be submitted with a [Test Requisition Form](#).

PROJECT INFORMATION	
Investigator/PI Name: _____	Contact Name: _____
Institution/Division: _____	
Contact Email Address: _____	Phone Number: _____
Statement of Work: _____ _____	

REQUESTED PGX TESTS (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Whole Pharmacogenomics Scan (WPS™)	<input type="checkbox"/> CNT Panel (CEP72, NUDT15 and TPMT)
<input type="checkbox"/> NT Panel (NUDT15 and TPMT)	<input type="checkbox"/> NUDT15
<input type="checkbox"/> Other test (please provide details of the test, including the gene(s) you would like to analyze.) _____ _____	
<b>Sample Type:</b> <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Buccal <input type="checkbox"/> gDNA (Please provide the source.): _____	
<b>Sample Number:</b>	<b>Expected Completion Date:</b>

DELIVERY OF TEST RESTULS		
Do you require raw data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a secure server for uploading the data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require interpreted reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you require samples to be returned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## INFORMATION ABOUT SPECIMEN COLLECTION, HANDLING AND SHIPPING REQUIREMENTS

SPECIMEN TYPE						
TEST NAME	Whole blood	Saliva	gDNA	Fresh frozen tissue	Buccal swab	Other
<b>WPS™</b>	☼	■	■	⊘	∞	∞
<b>CNT Panel</b>	☼	■	■	⊘	∞	∞
<b>NT Panel</b>	☼	■	■	⊘	∞	∞
<b>NUDT15</b>	☼	■	■	⊘	∞	∞

**KEY**

☼ **Preferred**

■ **Accepted**

∞ **Contact us**

Tel: (414) 316-3097

E-mail: [orders@rprdx.com](mailto:orders@rprdx.com)

⊘ **Not accepted**

<b>Whole Blood</b>	Collect 3 – 5ml of peripheral whole blood in EDTA tube. Specimens with < 3ml will be considered “precious” and processed with no guarantee of results. Blood sample may be rejected if frozen, hemolyzed, or clotted.
<b>Saliva</b>	Collect using Oragene•Dx (OGD-500) DNA collection kit according to manufacturer’s instructions.
<b>gDNA</b>	Specimens will be assessed by standard quality assurance (QA) methods. Additional information and/or material may be requested if QA standards are not met.
<b>Buccal Swab</b>	Please contact RPRD for processing of buccal swab specimens.

### SHIPPING AND HANDLING INSTRUCTIONS

<b>1</b>	Specimens should be shipped Sunday through Thursday FedEx Priority Overnight or UPS Next Day Air. If a weekend delivery is necessary, please contact us to make special arrangements.
<b>2</b>	Specimens must maintain ambient temperature during transport; we recommend insulated shipping containers. During hot weather, include a frozen ice pack in the shipping container. Specimens should never freeze.
<b>3</b>	Whole blood and saliva specimens must be received by RPRD Diagnostics, LLC within 7 days from time of collection to ensure specimen stability and quality.
<b>4</b>	<p>DOT and IATA requirements for proper shipping labeling of biological substance, category B includes:</p> <ul style="list-style-type: none"> <li>Placing specimen in a leak-proof secondary vessel.</li> <li>Place absorbent material between the primary and secondary packaging.</li> <li>An itemized list of contents must be enclosed between the secondary packaging and the outer packaging.</li> </ul> <p>Package and Air Waybill must show text: “biological Substance, Category B” and labeled with UN3373 designation.</p>
<b>5</b>	All delivery carriers (local and non-local) deliver directly to our office suite. We receive samples during our business hours - 7AM to 4PM CST.
<b>6</b>	Holiday schedules will be posted on our website at least one week prior to major holidays; existing customers will also receive e-mail notification of schedule changes.

RPRD Diagnostics, LLC 1225 Discovery Parkway Ste 260, Milwaukee, WI 53226 Phone (414) 316-3097  
[www.rprdx.com](http://www.rprdx.com) Send the forms to: [orders@rprdx.com](mailto:orders@rprdx.com)