



*Actionable Insights for*  
**Better Health™**

## ***Q<sup>2</sup> Solutions How Do I...? Guides for Site Coordinators***

# *How Do I Complete a Requisition Form?*

Version 1.0 30 Jun 2020

## How do I complete a requisition form?

- Each Lab Kit will contain a Requisition Form
- **All fields and checkboxes within the requisition form must be completed.**
- Q<sup>2</sup> Solutions will contact the investigator site if any information needs to be confirmed.  
*Please note that results may not be released until this information is confirmed, so it is important that the information is accurate and consistent.*
- The requisition form should be completed as per the study guidelines.
- The white copy of the completed requisition form should be inserted into the back pouch of the Specimen Shipping Bag (SSB) with the first shipment to Q<sup>2</sup> Solutions for ambient shipments. The yellow copy of the completed requisition form is to be kept at site as part of the Investigator records. Do not return the yellow copy of the requisition form to Q<sup>2</sup> Solutions.
- If the study only has frozen shipping, please return the white copy of the completed requisition form with the first frozen shipment.
- Each requisition form is linked with one unique accession number, all tubes returned within a kit should have that same accession number.
- All fields should be completed and circles should be completely filled with black ink.

# How do I complete a requisition form?

## Single Visit

Q SQUARED SOLUTIONS, LOS ANGELES  
27027 TOURNEY ROAD  
VALENCIA, CA 93204, USA



FA010275

Accession Number



### Form Completion Instructions:

Please complete the below fields with black ink. Print clearly in all boxes. Fill circles completely ●

Study: ABC1234

FA

Site Number: 9999

John Doe, MD

1600 Terrell Mill Road  
Marietta, GA 30067, USA

Protocol

### Patient Information:

Date of Birth

Day

Month

Year

Sex

Male

Female

Screening Number

Demographic Information

### Visit Information:

Visit: Screening

Collection Date and Time

Day

Month

Year

24 Hour Clock

Has patient fasted for 8 hours?

Yes

No

Collection Information

Question

# How do I complete a requisition form?

## Single Visit

### Sample Collection Information:

<b>Testing</b> <i>Required unless otherwise stated</i>	<b>Sample Collection</b>	<b>Fill circle if Sample NOT Collected</b>	<b>Sample Shipment</b>
A07 Glucose	Transfer Tube 2.5ml Plain Screw Cap	<input type="checkbox"/>	Frozen - Daily
A08 LDL	Transfer Tube 2.5ml Plain Screw Cap	<input type="checkbox"/>	Ambient - Daily
<input type="checkbox"/> Triglycerides (Optional testing, fill circle if required)			

Sample ID is displayed next to test name.

Testing Information will be required unless stated as optional .

Fill in any circles for optional testing where sample IS being collected.

Sample collection lists the the transfer container.

If any sample has NOT been collected - fill in any circles.

Ensure each sample is shipped at the shipping temperature outlined above and the shipping frequency.

For full Specimen Processing instructions please refer to the Specimen Processing section of the laboratory manual

# How do I complete a requisition form?

## Timepoints

### Timepoints:

Fill circle if sample  
NOT Collected

#### Predose

B02 Triglycerides

Predose Collection Date & Time

		-				-				
--	--	---	--	--	--	---	--	--	--	--

Day

Month

Year

		:		
--	--	---	--	--

24 Hour Clock

#### 1 Hour Post

C02 Triglycerides

1 Hour Collection Date & Time

		-				-				
--	--	---	--	--	--	---	--	--	--	--

Day

Month

Year

		:		
--	--	---	--	--

24 Hour Clock

#### 2 Hour Post

D02 Triglycerides

2 Hour Collection Date & Time

		-				-				
--	--	---	--	--	--	---	--	--	--	--

Day

Month

Year

		:		
--	--	---	--	--

24 Hour Clock

- For each timepoint collected a collection date and time should be provided in black ink.
- For any timepoint not collected, the corresponding circle should be filled to indicate not collected.

# How do I complete a requisition form?

## Multi Visit

Some visits have the same testing and storage requirements. These visits may share the same kit type. The outside label on the kit will include the visit name applicable to the kit. The requisition form will have all applicable visits listed.

The applicable visit being collected should have the circle filled completely

 Q SQUARED SOLUTIONS, LOS ANGELES 27027 TOURNEY ROAD VALENCIA, CA 93204, USA	 FA010275	
<b>Form Completion Instructions:</b> Please complete the below fields with black ink. Print clearly in boxes. Fill circles completely ●	PROTOCOL: ABC1234	Site Number: 9999 John Doe, MD 1600 Terrell Mill Road Marietta, GA 30067, USA

### Patient Information:

Date of Birth	Sex	Screening Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/> <input type="text"/> <input type="text"/>
Day      Month      Year		

### Visit Information:

Select Visit:	<input type="radio"/> Visit 1	<input type="radio"/> Visit 2	<input type="radio"/> Visit 5	<input type="radio"/> Visit 10	<input type="radio"/> Retest
Collection Date & Time	Has patient fasted for 8 hours?		<input type="radio"/> Yes	<input type="radio"/> No	
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>				
Day      Month      Year	24 Hour Clock				

Select the applicable visit by completely filling the relevant circle