

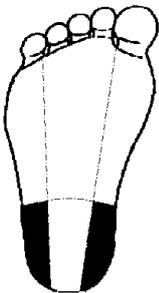
COLLECTION DEVICE

For collection, transport, analysis and archive of human body liquids, such as capillary blood, urine saliva, etc. Ideal for metabolic and hereditary diseases testing

PROCEDURE FOR THE CORRECT BLOOD WITH DRAW FROM NEWBORNS AND APPLICATIONS ON THE DEVICE

The use of latex gloves during the procedure is highly recommended. It is important that the filter paper surface is not touched (even by hands protected by latex gloves) or does not come in contact with homogenised, antiseptic solutions, lotions, or other materials during sample application due to the fact that these materials could be absorbed by the filter paper area and therefore could compromise the sample and the relative diagnosis.

Fill in the included pre-printed information module with a normal black ball pen (Do not use felt-tip pens). Do not touch the internal area in order to avoid possible contamination risk.



To find the correct point to lance, please refer to figure n.1. Place the leg of the newborn in order to increase venous return. To favour withdraw area vascularisation we recommend to heat it, covering the area with a damp and warm (not over 42°C) towel. Do not reutilise previously used areas.

Disinfect the area with 70% alcohol and dry with a sterile gauze. Make an incision using a lancet (tip less than 2.45 mm) on the heel of the newborn by means of a fast and precise movement. Dry the first blood drop with sterile gauze.

Delicately let a big blood drop absorb on the filter paper in a single application. The printed circle on the filter paper must be completely absorbed by blood.



Blood must be applied only on one side of the filter paper, and each side must look like the "correct withdraw" example in figure n.2.



Repeat the procedure for all the circle areas necessary for the test. Do not place on top of the previous further layers of blood and put only once blood of the same sample on the filter paper. Avoid touching or scratching blood absorbed filter areas.

Air-dry the samples on a flat surface for at least 3 hours. Sample filter papers must not come in contact with any type of other surfaces, or be exposed to heat or direct sunlight. Do not keep in refrigerator.

Once dried put the collection devices in paper bags head-to-tail so that the sample filter papers do not each other.

PROCEDURE FOR FILLING IN NEONATAL SCREENING COLLECTION DEVICES

"DATA OF THE NEWBORN"

Fill in the included pre-printed information module with a normal black ball pen (Do not use felt-tip pens).

(DO NOT TOUCH THE INTERNAL AREA IN ORDER TO AVOID POSSIBLE CONTAMINATION RISK)

MANUFACTURER

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PACKAGING CODE

Collection device

SN00180

200 pieces

SYMBOLS

- Only for IVD use
- Lot of manufacturing
- Code number
- Storage temperature interval
- Expiration date (year, month)
- Warning, read enclosed documents
- Read the directions
- Biological risk
- Single use, do not reuse

Mod. 01.06 (ver. 1.3 - 20/01/2009)



example of collection device

LOT F054.12 2014/03 Carta Ahlstrom 226 lot. 100535 1100390039 1100390039 IVD CE	Codice Ospedale _____ Trasferito da altro ospedale Si <input type="checkbox"/> No <input type="checkbox"/>	Sesso <input type="radio"/> M <input type="radio"/> F Data nascita _____ Ora (hhmm) _____ Data prelievo _____ Ora (hhmm) _____ <input type="checkbox"/> < 48h di vita	Prelievo <input type="radio"/> Basale <input type="radio"/> Bis <input type="radio"/> Richiamo <input type="checkbox"/> TSH <input type="checkbox"/> IRT <input type="checkbox"/> 17OHP <input type="checkbox"/> PHE <input type="checkbox"/> AA <input type="checkbox"/> AC <input type="checkbox"/> Dieta	
	Cognome neonato _____ Nome neonato _____ Patologia meconiale Si <input type="checkbox"/> No <input type="checkbox"/> Terapia cortisonica Si <input type="checkbox"/> No <input type="checkbox"/> Patologia tiroidea materna Si <input type="checkbox"/> No <input type="checkbox"/> Trasfusione Si <input type="checkbox"/> No <input type="checkbox"/> Data _____ Terapia antibiotica Si <input type="checkbox"/> No <input type="checkbox"/> Potestà parentale _____	Gemello <input type="checkbox"/> Etnia Cau MedOr As Afr _____ Parto Naturale <input type="checkbox"/> Altro (TC) <input type="checkbox"/>	Alimentazione Si <input type="checkbox"/> No <input type="checkbox"/> Materna Mista Artificiale TPN _____ Firma del responsabile del prelievo _____ Note _____	RIMUOVERE PRIMA DELLA SPEDIZIONE 1100390039 CE
	Cognome _____ Nome _____ Indirizzo _____ Comune _____ CAP _____ Tel. _____ Dissenso analisi genetiche _____	LTA s.r.l. Via Milano, 15F Bussero - MI - Italy		