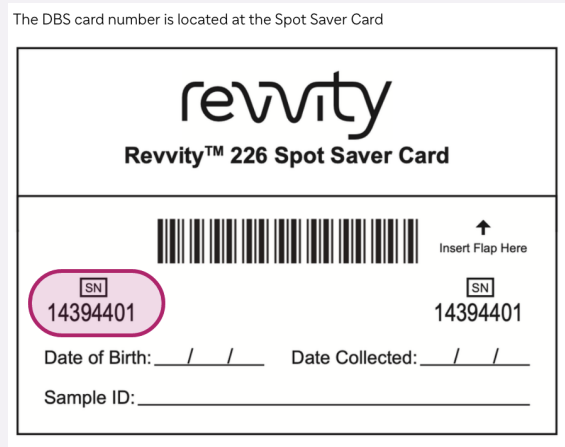




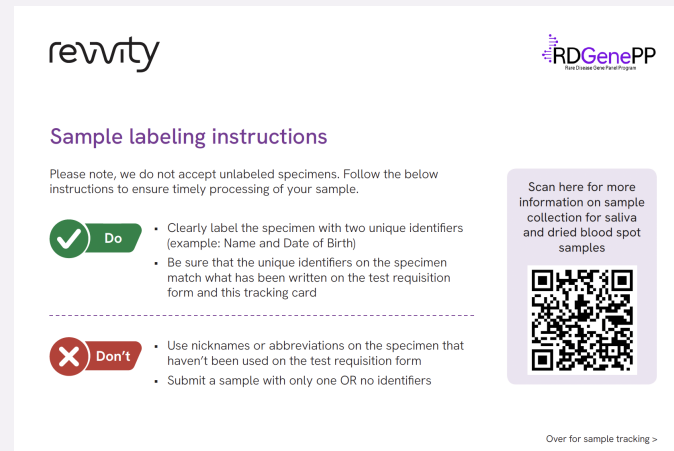
•  
Sample collection and digital  
submission guidelines for NGS ILD Panel  
•

# Content of the kits received for NGS ILD Panel:

## 1. DBS Card



## 2. HCP Guide for sample collection



## 3. Patient Sample Tracking Form

Patient sample submission tracking form

This card must be included with the sample for send out. Failure to link this card with the sample may delay testing.

Information about you (the patient)	Information about your sample
Name _____	Date collected (mm/dd/yyyy) ____/____/____
Date of birth (mm/dd/yyyy) ____/____/____	Do you live in New York state? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone number _____	Information about your provider (doctor)
Email _____	Provider name _____
Best way to contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email	State of provider office _____
	Ordering provider phone _____

RDGenePP

Revvity, Inc.  
226 Industry Drive, Pittsburgh, PA 15275  
www.revvity.com

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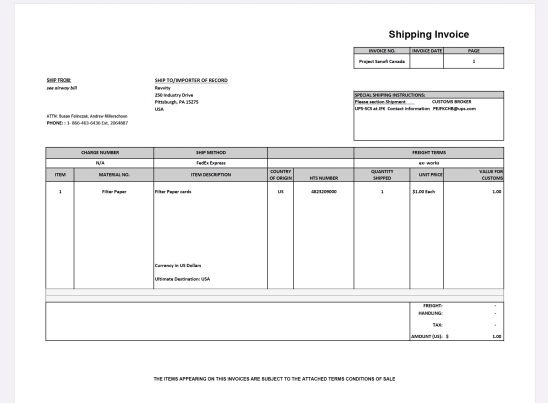
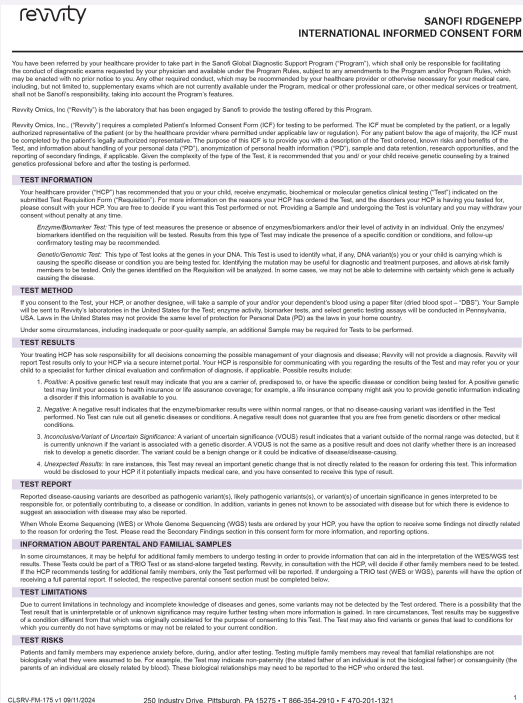
# Content of the kits received for NGS ILD Panel:

4. ICF (Consent term)

5. Return envelope

6. Program flyer

7. Shipping Commercial Invoice



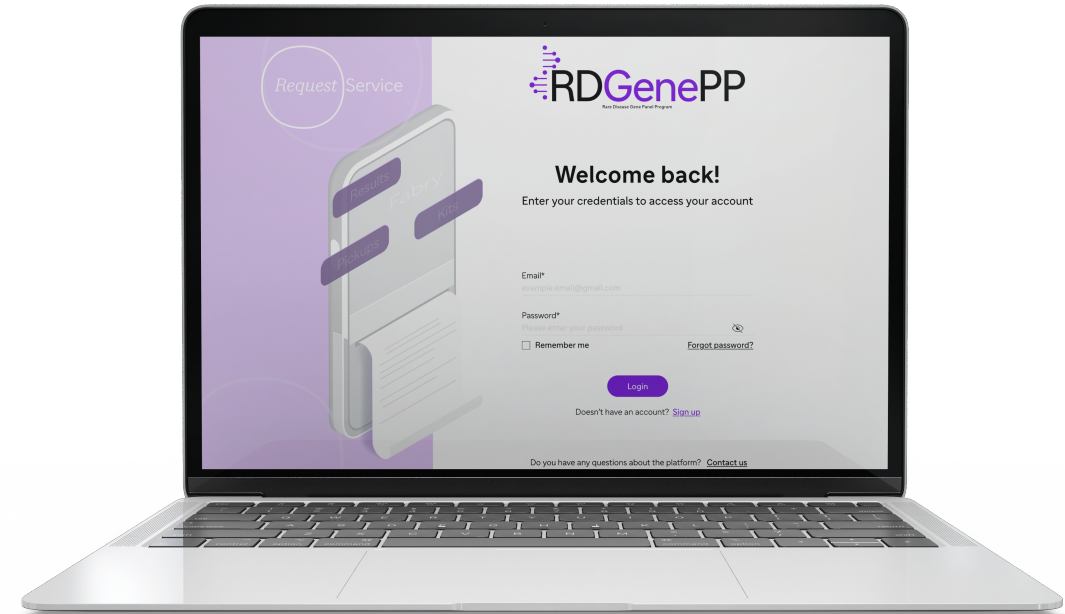
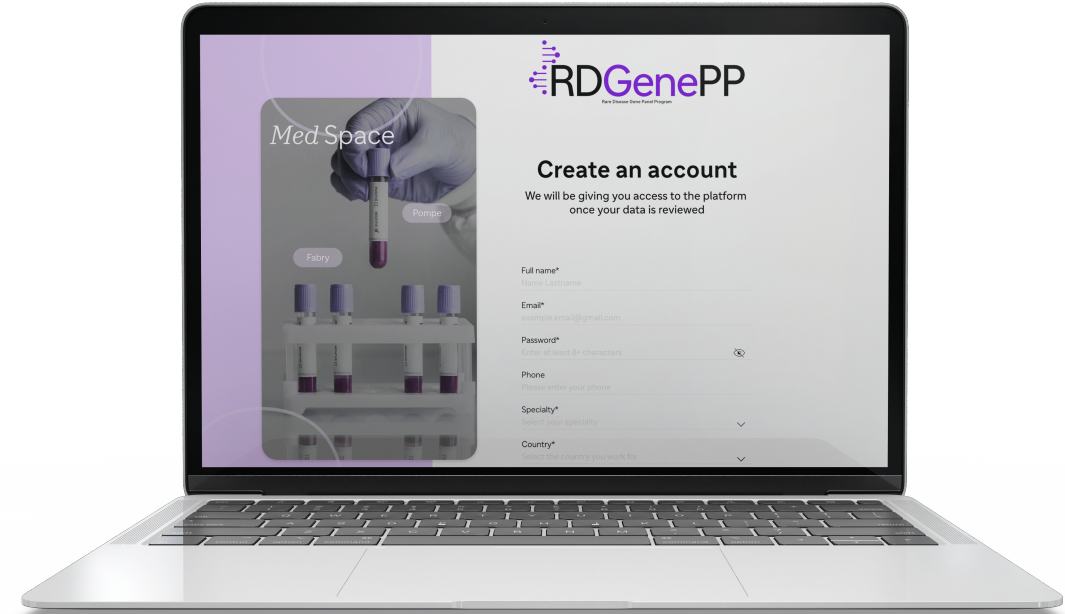
*Step 1:*

**Log in and Fill the Test Request Form within the App**

# Rare Disease Gene Panel Program

## Section A: *Login*

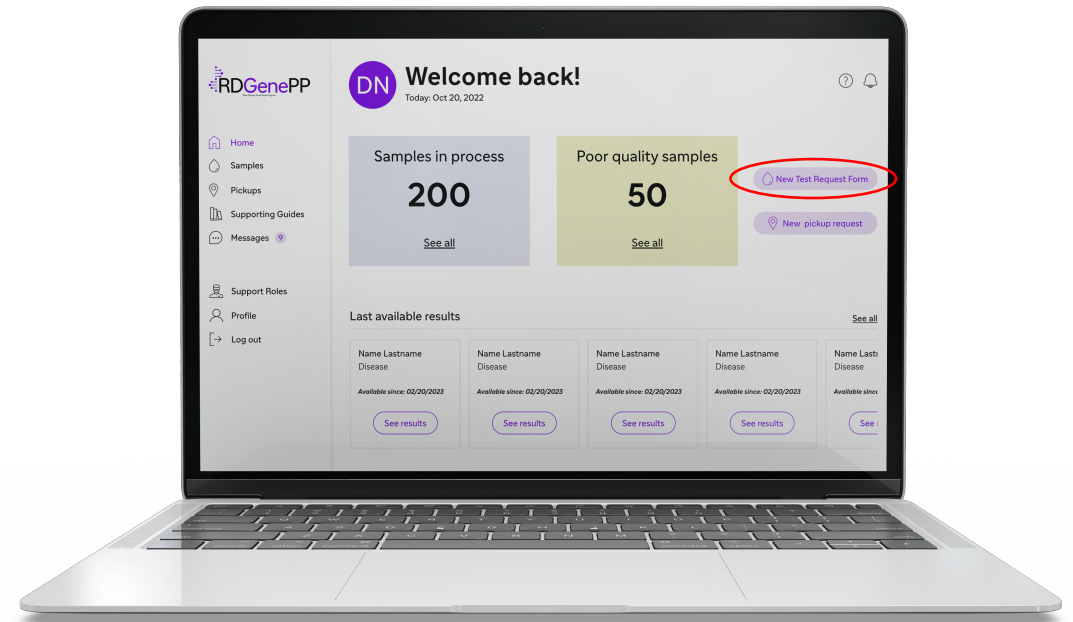
- Please log in to your account within the app.
- If you are not yet registered, proceed and complete the registration process.
- You will need to sign the Physician Statement when you are filling out your first request. It will be saved in your profile for future requests.



# Rare Disease Gene Panel Program

## Section B: *Selection of Test Request Options*

- Click on the “New Test Request Form” tab.
- Select “New Sample Registration” to enter sample details.
- Double-check all details for accuracy before submitting.

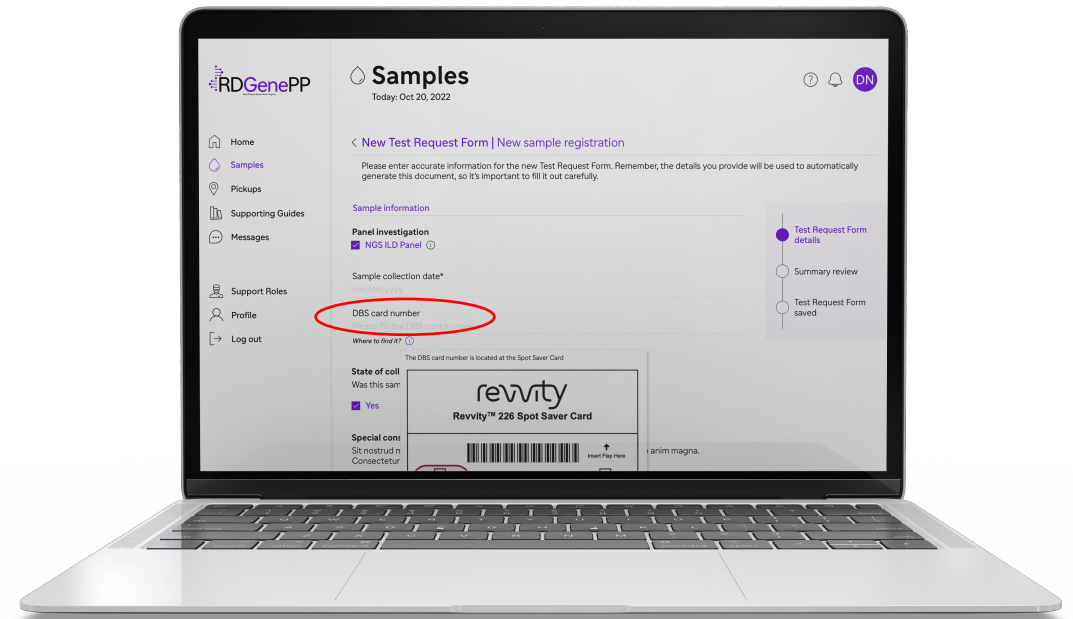


# Rare Disease Gene Panel Program

## Section C:

### *Test Request and DBS card number entry*

- Fill in the Test Request Form with the patient's full information.
- If the sample is being collected by an HCP, enter the DBS card number that matches the physical form.
- If the sample is being collected by a local reference center, leave the DBS card number field blank.
- Please ensure all details are precise to guarantee the accuracy of the test records.



# Rare Disease Gene Panel Program

## Section D: *Informed Consent Documentation*

- Upload the patient's signed Informed Consent form, ensuring the photos are clear and legible.
- Follow the on-screen details for specific pages required for the upload.
- Confirm the visibility of all text and signatures prior to submission.

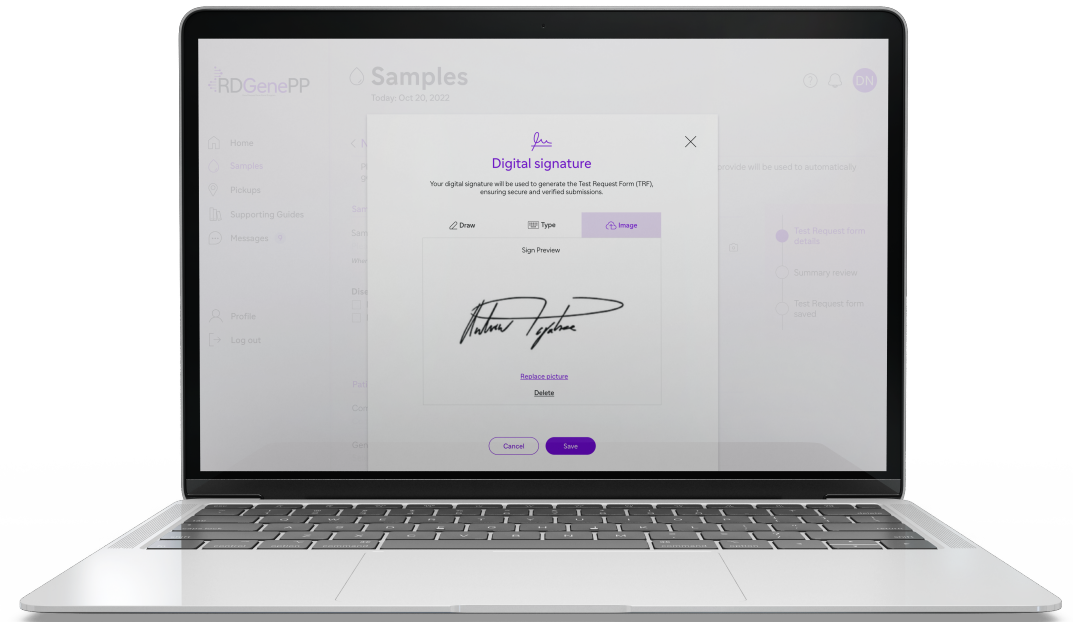




# Rare Disease Gene Panel Program

## Section E: *Digital Signature*

- Use the “Digital Signature” feature to sign the document electronically.
- Check that the signature is correctly captured and proceed to save it in the system.



## *Step 2:* Sample Collection Process

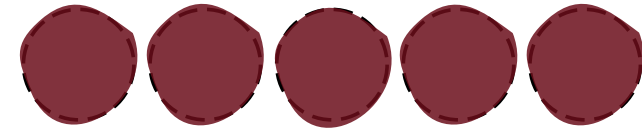
## Rare Disease Gene Panel Program

### Step 2:

### *Tips for Successful Sample Collection*

- Sufficient and homogeneous concentration of sample.
- Blood should be viewed in both sides of the filter.
- Sample could be drawn with needle or by capillary puncture.
- Important to fill all the paper filter circle with the blood.
- If the sample doesn't meet the quality standard, a new sample collection will be asked.

Successful sample



Rare Disease Gene Panel Program



**Step 2:**  
*Wrong Collection*

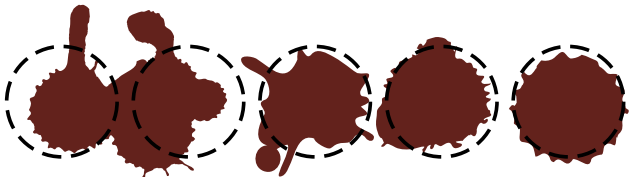
Insufficient sample



Supersaturated sample



Overlapped sample



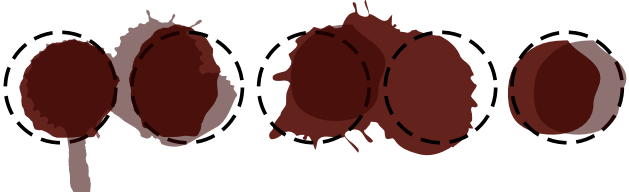
Diluted sample



Wet sample



Coagulated sample



# Rare Disease Gene Panel Program

## Step 2: Additional Information

The DBS card number is located at the Spot Saver Card

revvity  
Revvity™ 226 Spot Saver Card

↑ Insert Flap Here

SN 14394401 SN 14394401

Date of Birth: / / Date Collected: / /

Sample ID: \_\_\_\_\_

revvity  
Revvity™ 226 Spot Saver Card

↑ Insert Flap Here

SN 14394401 SN 14394401

Date of Birth: / / Date Collected: / /

Sample ID: \_\_\_\_\_

↓

In the Sample ID field please enter Patients ID entered in the TRF.

revvity RDGenePP Requisition Form RDGenePP

**STEP 1: PATIENT INFORMATION**

Patient's First Name Middle Initial Patient's Last Name  
 Biological Sex:  Male  Female  Unknown  
 Patient's Date of Birth Patient ID/MR Number/External Sample Number Gender Identity (if differed from above):  
 Patient's Street Address City / Town  
 State Zip Code Country Patient's Preferred Phone Patient's Email  
 Ethnicity (check all that apply):  African-American  Asian (China, Japan, Korea)  Caucasian/N. European/S. European  Finnish  French Canadian  Hispanic  
 Jewish - Ashkenazi  Jewish - Sephardic  Mediterranean  Middle Eastern (Saudi Arabia, Qatar, Iraq, Turkey)  Native American  E. Indian  
 Southeast Asian (Vietnam, Cambodia, Thailand)  South Asian (India, Pakistan)  Other (specify): \_\_\_\_\_

**PATIENT SAMPLE INFORMATION**

SAMPLE TYPE:  Dried Blood Spots Collection Date: / / Age of Onset: \_\_\_\_\_  
 Patient has previously had a blood transfusion:  Yes  No Was this sample collected in the State of NY, NY or OR?:  Yes  No  
 (If yes, separate consent is required. See forms section of website.)

**STEP 2: PROVIDER**

Provider's First and Last Name Ordering Provider Account Number NPI  
 Clinic/Hospital/Institution Name Provider's Email  
 Provider's Street Address City / Town State Zip Code Country  
 Provider's Phone Provider's Fax

**PROVIDER SPECIALTY**

Biochemical Genetics  Neuromuscular or Rehab Med  Other (Please list): \_\_\_\_\_  
 Cardiology  Ophthalmology  
 Gastroenterology  Orthopedics/Metabolic Bone  
 Genetics  Primary Care  
 Hematology  Pulmonology  
 Nephrology  Rheumatology  Please check here if Pediatrics in above Specialties  
 Neurology

**ADDITIONAL PROVIDER/GENETIC COUNSELOR (IF APPLICABLE)**

Provider/Genetic Counselor's Name Provider/Genetic Counselor's Account # Provider/Genetic Counselor's Phone  
 Provider/Genetic Counselor's Email Provider/Genetic Counselor's Fax

Sanofi RDGenePP 8001  
 250 Industry Drive, Pittsburgh, PA 15275  
 T 866-364-2910 • F 470-201-1321 • genomics@revvity.com 1 CLSRV-FM-165

**FOR INTERNAL USE ONLY**

Date Rec'd	Rec'd
TEMP	SPEC
COL	#TUBES
VOL	
R/C/F	
R/C/F	
R/C/F	

## *Step 3:* Sample Packaging and Submission

# Rare Disease Gene Panel Program

## Step 3: Completing Collection Form

Fill out the physical Collection Form that accompanies the sample, ensuring all sections are complete:

### A) Patient information

Please enter patients email or phone.

### B) Sample Information

Make sure to write date of collection



### C) HCPs information

Make sure to write your name and phone.

**Patient sample submission tracking form**

This card must be included with the sample for send out. Failure to link this card with the sample may delay testing.

Information about you (the patient)	Information about your sample
Name _____	Date collected (mm/dd/yyyy) _____ / _____
Date of birth (mm/dd/yyyy) _____ / _____	Do you live in New York state? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone number _____	<b>Information about your provider (doctor)</b>
Email _____	Provider name _____
Best way to contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email	State of provider office _____
	Ordering provider phone _____

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250 Industry Drive, Pittsburgh, PA 15275  
www.revvity.com

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The logo features a stylized DNA double helix on the left, composed of purple dots and lines. To its right, the text "RD Gene PP" is displayed in a bold, sans-serif font. "RD" and "PP" are in black, while "Gene" is in purple.

# RD Gene PP

Rare Disease Gene Panel Program

