AbsoluteDNA Pty Ltd

FRAT® (Folate Receptor Autoantibody Test)
Patient Information Sheet – Sample Collection & Return Instructions
(Please read carefully before sample collection)

Before Collection Patient must not take Folinic Acid or 5-MTHF for at le Prior to Blood Draw. □ Once your FRAT® kit arrives, open the package and read all instructions in the envelop labelled "PATIENT TO KEEP." □ Do not open the envelope labelled "PATHOLOGY INSTRUCTIONS." (For collector/healthcare provider use only.) □ Place the provided ice gel packs in the freezer for at least 24 hours before your scheduled blood draw.			
		Sample Collection	
		The FRAT® Test requires a blood (see Faction is NOT required.)	rum) sample.
		 Fasting is NOT required. A minimum of 5–7 mL of blood must SST tubes (gold lid). 	be drawn into each of the two (2) supplied
 The blood draw must be performed by nominated healthcare provider. 	a trained pathology collector or your		
Collector Checklist:			
\square 2 x SST (gold lid) tubes collected (5–7 mL			
☐ Tubes labelled with patient full name and ☐ Tubes gently inverted as per standard protocol			
After Collection			
□ Place the two SST tubes back into the sam	•		
\square Remove the ice pack from the freezer and page.	place it at the bottom of the sliver thermal		
□ Place the sample box directly on top of th	e ice pack inside the thermal bag.		
☐ Insert completed forms into the document	-		
provided.	p of the sample box inside the return satchel		
☐ Seal the satchel securely.			
☐ Hand-deliver the satchel over the counter			

▲ Important Notes

- Samples must be returned on the same day as collection to maintain integrity.
- Avoid collecting samples on Fridays or public holidays to prevent shipping delays.
- Ensure all forms and sample labels are completed accurately.
- Keep this Patient Information Sheet for your records.