

Chain of Custody Form

Complete legibly. Information on this page will appear on the results.
Arrange payment separately. Unpaid testing bills do not prevent access to completed reports.

Job number	EBI code	Date sample was taken
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company pay	Customer pay	Paid online
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient information Required	Provider information Required
Patient code	Provider name
<input type="text"/>	<input type="text"/>
Date of birth (MM/DD/YY)	Facility name
<input type="text"/>	<input type="text"/>
Gender	
☐ Male ☐ Female	
Specimen collection date (MM/DD/YY)	Address
<input type="text"/>	<input type="text"/>
Patient contact email	Phone
<input type="text"/>	<input type="text"/>
	Fax
	<input type="text"/>
Daytime phone	Provider email / portal contact
<input type="text"/>	<input type="text"/>
Patient full name	NPI number
<input type="text"/>	<input type="text"/>

Requested tests Select all ordered tests	humanbiomics.com/shop
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Panels and other laboratory tests	Individual biomarkers
☐ Essential CIRS	☐ TGF-beta 1
☐ Advanced CIRS	☐ VEGF-A
☐ ENDO Serum	☐ C4a Fragment
☐ ACTINO Plasma ®	☐ Alpha MSH
☐ HLA Blood	☐ MMP-9
☐ HLA Blood/Buccal	☐ Leptin
	☐ Osmolarity

HLA Blood/Buccal collection option

CIRS panels: practitioner-only.

For internal use only		
Received by	Due date	FM
<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment reference

Arrange payment separately. Do not enter card numbers, security codes or bank account details.

Payment from ☐ Healthcare provider ☐ Patient

☐ Online payment ☐ Invoice ☐ Check

Order / invoice / payment reference

Consent to specimen collection and selected testing

I consent to collection and laboratory testing of my specimen for the tests selected on this form. I may discuss the purpose, benefits, risks and limitations with my healthcare provider and seek genetic counseling before genetic testing. My signature does not waive my privacy rights or authorize optional research or unrelated test development.

Patient or personal representative signature

Date

Personal representative name if applicable

Relationship / authority to act for patient

Privacy and communication

Health information may be used or disclosed for treatment, payment, health care operations, and other purposes permitted or required by law. This form does not provide blanket permission to release health information. A separate authorization is obtained when required by law.

Return electronic copies through the laboratory-approved secure channel. Providing an email address alone does not authorize unencrypted delivery of results. Contact the laboratory to request an alternative confidential communication method or access to your records.

Laboratory-approved secure return channel - laboratory to complete

Notice of Privacy Practices

The Notice of Privacy Practices explains how health information is used and disclosed, how to request access or amendments, how to request confidential communications, and how to raise a privacy concern. This COC does not replace that notice.

Notice location / URL - laboratory to complete

I acknowledge receipt of the Notice of Privacy Practices. This acknowledgment is not a testing consent or authorization to release information. Refusal to acknowledge receipt does not by itself prevent testing.

Acknowledgment signature if notice received

Date

Collection, Shipping and Test Information

Use the test-specific conditions on page 4: TGF-beta and VEGF-A ship as frozen plasma; HLA ships at room temperature within 48 hours. The standard refrigerated protocol applies to the 4°C rows. Follow kit instructions for buccal samples.

Standard Protocol Steps

- Step 1** Mix the blood gently 5-10 times immediately after collection. Do not shake the tube, as vigorous movement causes hemolysis and can ruin the sample.
- Step 2** Keep the blood refrigerated at 4°C. Do not freeze whole blood samples.
- Step 3** Ship overnight using ice packs to maintain the required 4°C temperature threshold during transit.

Special Instructions for Yellow Cap Tubes

Note for Serum Separator Tubes (SST)

While collecting blood in a Yellow cap tube, allow the blood to sit upright at room temperature for 30 minutes to form a secure clot. After 30 minutes, place the sample at 4°C to prepare for overnight shipping.

Confirm that the tube is labeled SST. This clotting instruction does not apply to other yellow-cap tubes; cap color alone does not identify the tube additive.

Return via FedEx overnight using the provided return shipping label.

Place the completed COC in a sealed document pouch, separate from the specimen containers. Keep clinical details off the outside of the package; include the shipping details and markings required by the carrier.

Shipment record

Patient code / EBI code

Shipment date

FedEx tracking number

Packed by

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Important Notes to Patient and Physician

1. The genetic tests examine your DNA to determine your "genotypes" for risk assessment for different associated diseases or conditions.
2. Further information about the specific tests being ordered, including a general description of the tests and of associated diseases or conditions, is available through your health care provider or through the HumanBiomics website, <https://humanbiomics.com>.
3. Before giving consent, you may wish to seek professional genetic counseling.
4. Ask the laboratory about its specimen retention and disposal policy. This COC does not authorize optional research or unrelated test development. Separate consent or authorization is obtained when required by law.
5. A positive test result serves as a predictor, or indication, that you may be predisposed or bear an increased risk for a specific disease or condition. However, no numerical level of certainty has been established for these tests.
6. A positive result is an indication, not a certainty, that you may be predisposed or bear an increased risk for a specific disease or condition. Therefore, we encourage you to consider further independent testing, as well as checking with your physician and/or seeking professional genetic counseling.
7. Health information and results are handled under the laboratory's Notice of Privacy Practices and applicable law. Patients may request access to completed reports. An unpaid testing bill does not by itself prevent access.

Test and Specimen Reference

Use these test-specific shipping conditions with the instructions on page 3. Frozen applies to the plasma specimens listed below; do not freeze whole blood.

Test	Collection tube	Sample type for shipping	Shipping condition	Normal range	Code
TGF-beta	ACD Acid Citrate Dextrose	Plasma	Frozen	0-4755 pg/ml	HB0001
VEGF-A	ACD Acid Citrate Dextrose	Plasma	Frozen	32-106 pg/ml	HB0002
C4a	EDTA	Whole blood	4°C overnight	0-2830 ng/ml	HB0004
Alpha MSH	EDTA	Whole blood	4°C overnight	2-18 pg/ml	HB0005
MMP-9	SST Serum Separator tube	Whole blood	4°C overnight	21-156 ng/ml	HB0006
Leptin	SST Serum Separator tube	Whole blood	4°C overnight	1.7-16.0 ng/ml	HB0007
Osmolality	SST Serum Separator tube	Whole blood	4°C overnight	280-300 mOsmo/kg	HB0008

Additional tests

Test	Collection tube	Sample type for shipping	Shipping condition
HLA	EDTA	Whole blood	Room temp 48h
Endotoxin Serum	SST Serum Separator Tube	Whole blood	4°C overnight
Actino plasma	EDTA	Whole blood	4°C overnight

Tube definitions from the supplied table

SST: Serum Separator tube (yellow cap)

EDTA: Ethylenediaminetetraacetic Acid (purple cap)

ACD: Acid Citrate Dextrose (blue cap)

Tube colors and normal ranges are reproduced from the supplied table. Identify tubes by their additive and label, not cap color alone.

CIRS panel reference

Essential CIRS: Osmolality, TGF-beta 1, MMP-9, VEGF-A, Leptin, aMSH.

Advanced CIRS: TGF-beta 1, VEGF, C4a Fragment, Leptin, Osmolarity, aMSH.

Catalog reviewed October 16, 2026: humanbiomics.com/shop

Notice provided date / method - staff use

If acknowledgment not obtained: attempt and reason