

# Talking to Your Doctor

You have noticed that your child doesn't appear to be developing typically.

Maybe your son doesn't hold eye contact like his sister did at that age, or your daughter seems to be losing words from her vocabulary as her peers are adding them. You worry that your child's development might be delayed and you're not sure what to do. You wonder if he or she should be screened for autism spectrum disorder.

**If I have a concern about my child's development, how can NeuroPointDX help? We'll break it down for you.**



## STEP 1: TALK TO YOUR CHILD'S DOCTOR

Talk to your child's pediatrician about his or her development. You could ask the doctor about taking the **M-CHAT**, the Modified Checklist for Autism in Toddlers. This screening tool is used for children 16-30 months old. A failed M-CHAT is a good indication that more extensive autism testing is appropriate for your child.

## STEP 2: ASK FOR THE TEST

Ask your physician to order NeuroPointDX's **NPDX AA test**. We developed this test as a screening tool. Sometimes parents and doctors wait months or years to see if a child will "catch up" to peers. In the meantime, valuable time is lost that could be used to begin helpful intervention.

**Don't "wait and see"—Point. Act. Thrive.**

## STEP 3: TAKE THE TEST

The NPDX AA test requires a fasting blood draw. You may need to make another appointment for the blood draw. Work with your doctor or call NeuroPointDX to locate an appropriate blood draw lab. We suggest you make a morning appointment. **Your child should have nothing to eat or drink except water for at least 12 hours.** Make sure your child is hydrated, though, for a smoother blood draw. Bring your test requisition form; include payment information or a check, or contact NeuroPointDX to arrange for payment.

## STEP 4: GET RESULTS

Receive the results of the NPDX AA test. NeuroPointDX will deliver results to your child's doctor within two weeks of receiving the sample. About 30% of children with ASD will get a positive test result. That can help doctors and parents make the decision to have the child evaluated by a developmental specialist. **It's important to understand that not all children with ASD will receive a positive result from the NPDX AA test.**

**If your child receives a POSITIVE result on the test, proceed to Step 5.**

**If your child receives a NEGATIVE result, work with your doctor to determine next steps.**

## STEP 5: SEEK OUT A NEURODEVELOPMENT SPECIALIST

Work with a neurodevelopmental specialist, who will evaluate a child and may make a formal ASD diagnosis.

Our research shows that if the child received a positive result from the NPDX AA test, he or she is at higher risk of receiving an autism diagnosis. Ask your pediatrician if it would be appropriate for your child to see the neurodevelopmental specialist sooner, considering the result of the NPDX AA test. Waiting lists for evaluation can be many months or even as long as a year in some regions.

## STEP 6: BEGIN INTERVENTION

Begin appropriate intervention. Work with your child's pediatrician to understand the results of the NPDX AA test, which may suggest that more precise intervention, including changes to the child's diet or supplements, could help correct the metabolic imbalance that the NPDX AA test uncovered.

The NPDX AA test provides parents with a new choice if they are concerned about their child's development.

**Bring this list to an appointment with your child's pediatrician to discuss whether NeuroPointDX's blood test is right for your child.**

**NeuroPointDX Use Only**

<input type="checkbox"/>	Req.	_____
<input type="checkbox"/>	Sam.	_____
<input type="checkbox"/>	Pay.	_____

**NPDX AA TEST REQUISITION FORM**

**\*Secured Fax for return of test results**

<b>PHYSICIAN</b>	Healthcare Organization		Phone	Fax*
	Address 1		Address 2 (optional)	
	City		State	Zip
	Requesting Physician		NPI #	
	Physician Signature		Date:	

<b>PATIENT</b>	Last Name		First Name		Middle Initial
	Patient ID/MRN		Sex	Date of Birth	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ MM DD YYYY	
	Parent/Guardian Last Name		Parent/Guardian First Name		
Parent/Guardian Phone Number		Parent/Guardian Email (optional)			

<b>TEST</b>	Test Name <b>NPDX AA Test</b>	# of Analytes <b>32 Amines</b>	ICD-10 Code(s):
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*Note: The patient must fast for 12 hours prior to blood draw.*

<b>SPECIMEN</b>	Specimen Type <b>Blood Plasma</b>	<input type="checkbox"/> Check box to confirm patient fasted at least 12 hours
	Collection Date ____/____/20____ Month Day Year	Collection Time AM PM

<b>PAYMENT</b>	Method of Payment <input type="checkbox"/> Credit Card <input type="checkbox"/> Check* <input type="checkbox"/> PayPal <i>*Make checks payable to: NeuroPointDX.</i>		Card Type <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
	Payment Amount		Name on Card	
	Credit Card Number		Card Expiration: ____/____ Security Code: ____ Month/ Year	
	Signature for Credit Card Payment			

**NeuroPointDX Use Only**

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# Sample Collection & Shipping Instructions

## For Blood Plasma Sample

Please ensure **all** supplies and equipment are available prior to collecting sample.

Contact NeuroPointDX at 608-441-8187 or [customercare@neuropointdx.com](mailto:customercare@neuropointdx.com) with any questions.

### Required Supplies & Equipment

- NPDX Test Requisition Form**
- Supplies for standard venipuncture**
- Sodium (Na) heparin Vacutainer® tube** (A 4, 6, 8 or 10mL tube may be used)
- Small container of wet ice**
- Sample transport tube or cryovial** (Tube must be appropriate for shipment on dry ice)
- Centrifuge**
- Plastic specimen bag**
- 80°C freezer\*** (If storing prior to shipment on dry ice)
- Dry Ice\***
- Insulated shipping box\***

*\* Pick up by a medical courier may be arranged in certain locations, if facility does not have access to appropriate -80° C freezer and/or dry ice. Please contact NeuroPointDX to inquire about this option.*

### Important Notes

1. The NPDX AA Test has been evaluated in patients 18-48 months of age.
2. Patient **MUST** fast for at least 12 hours prior to blood draw, or test results will not be valid.
3. Sample **MUST** be kept cold so ensure protocol steps to place on wet ice and dry ice are followed.
4. Sample **MUST** be stored in -80°C freezer or placed immediately in dry ice for shipment.
5. Ship samples **ONLY** Monday through Thursday, unless otherwise instructed by NeuroPointDX.

## Overview of Process

Step 1: Collect Blood Sample			Step 2: Prepare Plasma			Step 3: Ship Sample
<p>Verify patient's name and DOB on test requisition form</p> <p><b>Verify patient fasted for 12+ hours</b> and check box on test requisition form</p>	<p>Obtain sodium heparin Vacutainer® tube</p>  <p>Ex. 4, 6, 8 or 10 mL</p>	<p><b>Fill Vacutainer® tube at least 2/3 full</b></p> <p>Invert tube to <b>mix</b></p> <p>Place Vacutainer® tube in container of <b>wet ice</b></p>	<p><b>Label transport tube</b> with patient name and DOB</p>  <p>Ex. 5 mL screw-cap sample transport vial</p>	<p>Spin vacutainer tube at <b>1300 RCF for 10 minutes</b></p> <p>Transfer <b>plasma layer to transport vial</b></p>	<p>Place transport vial in container of <b>wet ice</b></p> <p>Place transport vial in <b>-80°C freezer within 1 hour of collection</b> <u>OR</u> prepare sample for shipment</p>	<p>Place cold/frozen sample in an insulated shipping box containing <b>dry ice</b></p> <p>Ship to NeuroPointDX <b>overnight delivery</b></p>

### Step 1: Collect Blood Sample

*Note: Patient must fast for at least 12 hours prior to blood draw.*

- A. Obtain NPDX AA Test Requisition Form
- B. Clearly print (or verify information if previously filled out) on the **test requisition form**.
  - a. Patient's full name
  - b. Patient's date of birth
  - c. Verify patient fasted for 12 hours and check appropriate box in "**Specimen**" area of test requisition form
- C. Prepare patient for blood draw and collect blood into **sodium heparin** Vacutainer® tube using your institution's recommended procedure for standard venipuncture.
- D. **Fill tube a minimum of 2/3 full**, regardless of collection tube size (i.e., 10mL tube should contain >7mL of blood).
- E. Mix blood by inverting and place tube into container of **wet ice**.

### Step 2: Prepare Plasma

- A. **Label sample transport vial with patient name AND patient date of birth** (must match test requisition form).
- B. Centrifuge the resulting blood sample at 1300RCF at room temperature for 10 minutes.
- C. Transfer plasma, without disturbing the cell layer, into a **sample transport vial** for storage and shipment.
- D. Place **sample transport vial on wet ice**.
- E. **Place into storage at -80°C within one hour** of the blood draw OR prepare sample for shipment (**Step 3**).
- F. Complete remainder of test requisition form (see "**Specimen**" area of the test requisition form)
  - a. Enter **collection date** and **collection time**

### Step 3: Ship Plasma Sample

- A. Place sample transport vial containing blood plasma into a plastic specimen transport bag (e.g., zip-top biohazard bag).
- B. Seal plastic specimen transport bag.
- C. Place a layer of **dry ice** into insulated shipping box.
- D. Place plastic specimen transport bag(s) containing blood plasma sample into shipping box.
- E. Cover the bag containing the blood plasma sample with **dry ice**.
- F. Place completed Test Requisition form(s) inside shipping box.
- G. Use method of shipping as previously coordinated with NeuroPointDX OR contact NeuroPointDX to arrange sample shipment using the contact information below.
- H. Sample should be shipped **overnight delivery to NeuroPointDX**.

*Note: Ship samples ONLY Monday through Thursday, unless otherwise instructed by NeuroPointDX.*

## Shipping Address

NeuroPointDX  
c/o Stemina Biomarker Discovery  
504 South Rosa Road, Suite 150  
Madison, WI 53719  
Phone: 608-441-8187  
Fax: 608-646-7739  
Email: [customercare@neuropointdx.com](mailto:customercare@neuropointdx.com)