

IQVIA Laboratories “How To” Guide

How To Complete a Paper Requisition Form

August 2025

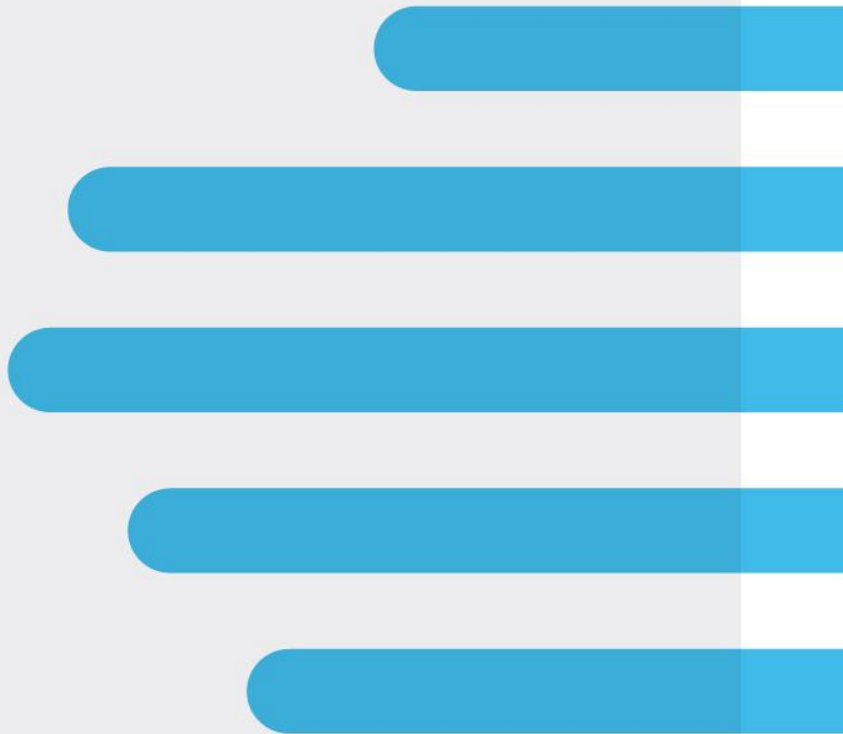


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IMPORTANT INFORMATION ABOUT THIS GUIDE

This guidance document provides key instructions to support the correct completion of IQVIA Laboratories paper requisition forms by investigator site staff.

IMPORTANT: The example images of requisition forms in this document **may differ slightly** in appearance from the paper form found in your lab kit.

The differences are related to the way the study is designed internally at IQVIA Laboratories. Regardless of the format of your requisition form, the general guidance for completing the form is very similar.

Where there may be requirements for completing the requisition form which only apply under certain circumstances, this will be clearly pointed out in this guide.

Should you have any questions or difficulties when completing a requisition form, please see your study-specific documentation for guidance on how to contact IQVIA Laboratories for further assistance.

HOW DO I COMPLETE A PAPER REQUISITION FORM?

Importance of completing the form correctly

For studies using paper requisition forms, the form will be found in the lab kit box alongside the tubes and other supplies applicable to the visit.

Please carefully review the form and complete all required fields clearly, adhering to applicable study guidelines.

- Do not leave any required fields blank.
- Fill in the fields clearly.
- For requisition forms with requirement to fill out circles (see following pages for examples), please fully color the circle with black ink.
- Avoid adding handwritten comments on the requisition form unless necessary. If comments are unclear, it is likely a query will be sent to site to clarify. It may be more beneficial to contact IQVIA Laboratories directly if you need to provide additional information.
- Each site is responsible for completing the requisition form accurately and thoroughly. The requisition form is the primary source of information for the lab and must reflect correct and complete data, in compliance with Good Clinical Practices.

Should any information on the form be missing or unclear, IQVIA Laboratories will contact the site to clarify. Usually, this will be in the form of a **query** which you can view and respond to via the Portal.

Please note that results may not be released until this information is confirmed, so it is important that the information is accurate and consistent.

Returning the requisition form to IQVIA Laboratories

You should find two copies of the requisition form in lab kits for studies using paper requisition forms – one **white** copy and one **yellow** copy.

The **white** copy of the completed requisition form should be inserted into the back pouch of the Specimen Shipping Bag (SSB) with the **first** shipment to IQVIA Laboratories for the visit.

- Once this copy of the requisition form is received at IQVIA Laboratories, all information from the form will be added to our database and the form retained per our records management procedures.
- If sending additional shipments of samples for the same visits, there is **no need to send further copies** of the requisition form. The matching accession barcode on the requisition form and sample labels ensures that, when these samples are scanned into our database upon receipt, they will be associated with the correct requisition form and patient record in the system.

The **yellow** copy of the completed requisition form is to be kept at site as part of the Investigator records. **Do not return the yellow copy of the requisition form to IQVIA Laboratories.**

Single Visit

Q2 VALENCIA
27027 TOURNEY ROAD, VALENCIA, CA 93204 USA

FB123456

E2E Scenario 1_2

IQVIA
LABORATORIES

Site Number: ###
Test Investigator
Demo Address Line 1

Form Completion Instructions:
Please complete the below fields with black ink. Print clearly in all boxes. Fill circles completely.

Patient Information:

Date of Birth

Day

Month

Year

Gender

Male

Female

Subject ID:

Demographic Information

Visit Information:

Visit: Screening

Collection Date & Time

Day

Month

Year

24 Hour Clock

Fasting Status

Yes

No

Number of meals consumed:

Questions (where applicable)

Collection Information

Sample Collection Information:			
Testing <i>Required unless otherwise stated</i>	Sample Collection	Fill circle if Sample NOT Collected	Sample Shipment
Coagulation	3.6mL Plain Cap Cryovial	<input type="radio"/>	Frozen- Daily
Chemistry	Transfer Tube 2.5ml Plain Screw Cap	<input type="radio"/>	Ambient - Daily
<input type="radio"/> FSH <small>Optional testing fill bubble if required (testing needed to confirm post-menopausal status)</small>			
<input type="radio"/> Serum Pregnancy <small>Optional testing - required if patient is of childbearing potential</small>	3.6mL Plain Cap Cryovial	<input type="radio"/>	Ambient - Daily
Hematology <small>HbA1c</small>	3mL Lavender EDTA Tube	<input type="radio"/>	Ambient - Daily

Tests listed on the form are Required, unless clearly stated they are Optional.

Where applicable, fill in any circles for optional testing where sample IS being collected.

Transport container is listed here – this is the container to be shipped.

On applicable forms, fill out circles for any samples NOT collected.

Ensure each sample is shipped at the temperature and frequency stated on the form.

Circles must be filled in completely in black ink.

Do not Tick, Cross or partially fill.

For full Specimen Processing instructions please refer to the relevant section of the study-specific documentation provided to you on the Portal.

IQVIA Laboratories “How To” Guide – How To Complete a Paper Requisition Form, August 2025

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Timepoint Visit

Sample Collection Information:	Sample Collection		Fill circle if Sample NOT Collected	Sample Shipment
Testing <i>Required unless otherwise stated</i>				
PK Predose	Timepoint Collection Date & Time			
	Day	Month	Year	24 Hour Clock
PK Primary	2mL Corning Self Standing Tube		<input type="radio"/>	Frozen - Daily
PK Backup	2mL Corning Self Standing Tube		<input type="radio"/>	Frozen - Monthly
ADA Predose	Timepoint Collection Date & Time			
	Day	Month	Year	24 Hour Clock
ADA Primary	2mL Corning Self Standing Tube		<input type="radio"/>	Frozen - Daily
ADA Backup	2mL Corning Self Standing Tube		<input type="radio"/>	Frozen - Monthly
PK EOI	Timepoint Collection Date & Time			
	Day	Month	Year	24 Hour Clock
PK Primary	2mL Corning Self Standing Tube		<input type="radio"/>	Frozen - Daily
PK Backup	2mL Corning Self Standing Tube		<input type="radio"/>	Frozen - Monthly

- For each timepoint **collected**, please provide a collection date and time in black ink.
- For any timepoint **not collected**, date and time fields should be left blank. If present on the form, the corresponding circle should be filled to indicate the sample is not collected.
- Ensure each sample is shipped at the shipping temperature and frequency as outlined in the requisition form.
- If any timepoint samples cannot be collected by the courier at the same time as the other samples collected for the visit (for example, there is a 12-hour timepoint collection and based on the courier pick-up time you need to proceed with shipping the already collected samples), we recommend the following:
 - Leave the collection date and time fields blank on the requisition form for the samples not yet collected.
 - Important:** Do not partially complete these fields (for example, entering the collection date but leaving the collection time blank), as this will trigger queries.
 - The requisition form should be photocopied, and the original form should be sent to IQVIA Laboratories, along with the samples already collected, and with the collection date/time left blank for the sample(s) still to be sent.
 - Once the remaining samples have been collected, fill in the complete collection date and time on the photocopied requisition form.
 - Send the updated photocopied requisition form along with the newly collected samples to IQVIA Laboratories.

Multi Visit

Some visits have the same testing requirements. These visits may share the same kit type. The outside label on the kit will include the visit name applicable to the kit. The requisition form will have all applicable visits listed.

Depending on the format of your requisition form, there may be either a circle or a box present to mark the applicable visit.

- If a **circle** is present: completely fill the circle in black ink.
- If a **box** is present, ensure to tick the box for the applicable visit.

Q2 VALENCIA
27027 TOURNEY ROAD, VALENCIA, CA 93204 USA

IQVIA
LABORATORIES

Form Completion Instructions:
Please complete the below fields with black ink. Print clearly in all boxes. Fill circles completely.

E2E Scenario 1_2

Site Number: ###

Test Investigator
Demo Address Line 1

Patient Information:

FA128756

Date of Birth: - -
Day Month Year

Gender: ☐ Male ☐ Female

Subject ID:

Visit Information:

Visit: ☐ Visit 1 ☐ Visit 2

Collection Date & Time: - -
Day Month Year

24 Hour Clock: -

Fasting Status: ☐ Yes ☐ No

Circles must be filled in completely with black ink

Do not Tick, Cross or partially fill.

Select the applicable visit by either completely filling the relevant circle OR (if applicable) ticking the relevant box.

Retests

Depending on your study design, the steps for collecting a Retest visit and completing the requisition form may differ slightly.

- If your study has a **UNSCH/RETEST** visit and associated lab kit, please see [Example 1](#) below.
- If your study has a Retest circle next to the visit name on the requisition form for Scheduled visit kits, please see [Example 2](#) below.

Example 1 – UNSCH/RETEST requisition forms

IQVIA LABORATORIES

Example Protocol
UNSCH/RETEST

EP123456A

Q SQUARED SOLUTIONS EUROPE
THE ALBA CAMPUS
ROSEBANK
LIVINGSTON, WEST LOTHIAN EH54 7EG
UNITED KINGDOM

Site Information
Investigator and Site Details are printed here

Subject Demographics
Complete all information to avoid queries and delayed reports.

Date of Birth: 0 1 - J U L -
Day Month Year

Sex ☐ Male ☐ Female

SUBJECT NUMBER
 3 5 0 3

Visit Information

Collection Date: - -
Day Month Year

Collection Time: :
24 Hour Clock

Submission of this completed form constitutes confirmation the subject has been consented in accordance with legal and ethical requirements of the country where the sample has been collected

Required Test(s)	Specimen / Transport Tube	Ship Temp
<input type="checkbox"/> Prothrombin Time, INR aPTT	Plasma, 3.6mL Blue Cap Tube	Frozen
<input type="checkbox"/> Chemistry, Lipids C-Reactive Protein	Serum, 2.5mL Plain Cap Tube	Ambient
<input type="checkbox"/> Rheumatoid factor	Serum, 2.5mL Red Cap Tube	Ambient
<input type="checkbox"/> Total hCG	Serum, 3.6mL Purple Cap Tube	Frozen
<input type="checkbox"/> FSH	Serum, 2.5mL Green Cap Tube	Ambient
<input type="checkbox"/> Complement C3 Complement C4	Serum, 2.5mL Blue Cap Tube	Frozen
<input type="checkbox"/> IgG, IgM, IgA, Total Ig	Serum, 3.6mL Plain Cap Tube	Frozen
<input type="checkbox"/> Free Lambda Free Kappa	Whole Blood, 2mL Lavender EDTA Tube	Ambient
<input type="checkbox"/> Blys		
<input type="checkbox"/> Hematology		

See Q² Solutions Flow Chart for detailed processing and shipping instructions.
Return White Copy with initial shipment, if e-requisition has not been submitted through Infosario. Retain Yellow Copy at the site.

Site Comments:

Page 1 of 1

Visit/lab kit name is
UNSCH/RETEST

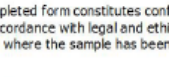
Complete all required subject
and visit information.

Tick applicable box for all
samples collected.


Leave box blank if sample
has not been collected &
testing is therefore not
required.

Example 2 – Retest option present on requisition form for Scheduled visits

Q2 VALENCIA
27027 TOURNEY ROAD, VALENCIA, CA 93204 USA



Z Z 1 2 3 4 5 6



Form Completion Instructions:
Please complete the below fields with black ink. Print clearly in all boxes. Fill circles completely. Submission of this completed form constitutes confirmation the subject has been consented in accordance with legal and ethical requirements of the country where the sample has been collected.

Site Number: #####

Test Investigator: _____
DINO ADDRESS LINE 1: _____

Patient Information:

Year of Birth:

Gender: ☐ Male ☐ Female

Subject ID: -

Visit Information:

Visit: ☒ Visit 1 Screening ☐ Retest

Collection Date & Time: - :

Day Month Year 24 Hour Clock

Weight (Kg): (kg.)


Populate all boxes, add preceding and following zeros, if needed.

Fasting Status: ☐ Yes ☐ No

Safety laboratory samples at Visit 1 can be collected under either fasting or non-fasting conditions.

Sample Collection Information: <i>Testing</i>	Transport Container	Fill circle if Sample NOT collected	Sample Shipment
T with INR	3.6mL Nunc Cryovial	<input type="radio"/>	Frozen - Daily
Chemistry, LDL Cholesterol, Renal Creatinine Clearance	2.5mL Sarstedt Tube	<input type="radio"/>	Ambient - Daily
SH			
SH Required only for female subject with no menses for 12 months without an alternative medical cause, fill circle to the LEFT if testing is required	2.5mL Sarstedt Tube	<input type="radio"/>	Ambient - Daily
Pregnancy Testing (Serum) Required only for women of childbearing potential, fill circle to the LEFT if testing is required			
Estradiol Required only for female subject with no menses for 12 months without an alternative medical cause.	2.5mL Sarstedt Tube	<input type="radio"/>	Ambient - Daily
HBsAg	2.5mL Sarstedt Tube	<input type="radio"/>	Ambient - Daily
HCV Antibody			
Hematology, HbA1c, % Reticulocytes	2mL K2 EDTA Vacutainer Tube	<input type="radio"/>	Ambient - Daily
HCV Confirmation Sample collection required if HCV antibody is collected. Fill circle to the RIGHT if sample is NOT collected.	4.5mL Nunc Cryovial	<input type="radio"/>	Frozen - Daily
Urinalysis	10mL Urine Tube w/ Preservative	<input type="radio"/>	Ambient - Daily

9609485



Site Comments:

- If study allows for a Retest of a Scheduled visit, the applicable requisition form will have a Retest circle in the Visit Information field, allowing the site to indicate that this is a Retest.
- Ensure to use the correct lab kit for the visit to which the Retest applies.
- If using a **multi-visit** requisition form, ensure to completely fill the circle for the applicable visit to which the Retest applies.
- If using a **timepoint** requisition form, ensure to complete the collection date and time fields for all samples collected for retest.

- On the left side of the form, use the circles to indicate which tests should be performed. Completely fill the applicable circle(s) using black ink and ensure to ship the relevant samples.
- Towards the right side of the form, use the circles to confirm any samples which have **NOT** been collected.
- If a kit is used for a Retest, it can **ONLY** be used for **ONE** patient and **ONE** visit, even if not all tubes are used. **ALL** unused tubes from the kit should be discarded.

REVISION LOG

Date/Version	Page(s)	Revision	Notes
V01 August 2025	N/A	N/A – first version	