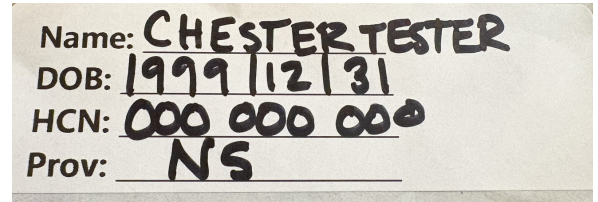


ADDITIONAL RETURN INSTRUCTIONS FOR KIT PICK UP LOCATIONS

IMPORTANT: Please complete the following steps **before** completing the 'returning self-collected swabs and urine sample' instructions.

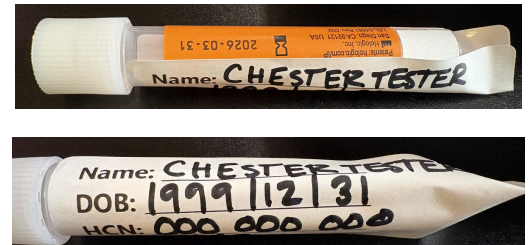
STEP 1

- Carefully label your sample tube(s) with **your information in full** as indicated on the online intake form.
- Please confirm the information is **correct** and **easy to read**.
- Please note that missing or incomplete information can lead to samples being **rejected** from testing.



STEP 2

- Place the completed label **lengthwise** on each sample tube as shown.
- Please **AVOID** covering the expiry date.
- Use only the pieces of the kit you need for your body.



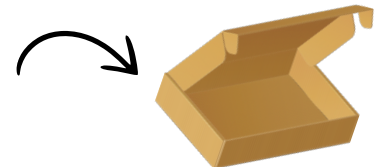
STEP 3

- Carefully complete the highlighted sections **in full** and indicate the **parts of the body** that were tested on the blood requisition form.
- Please confirm the information is correct, easy to read and matches the information on the webform and label.
- Don't forget to add the **date and time of collection**.

A completed Nova Scotia Health Laboratory Requisition form for Microbiology Primary Care. The form includes patient information (Name: TEST PATIENT, DOB: 2000-01-01, HCN: 0012 345 678, Prov: NS), test results (Throat swab for N. gonorrhoeae and Chlamydia (ORDER SCTGC), Vaginal/Rectal swab for N. gonorrhoeae and Chlamydia (ORDER SCTGC), Rectal swab for N. gonorrhoeae and Chlamydia (ORDER SCTGC), Urine for N. gonorrhoeae and Chlamydia (ORDER SCTGC)), and collection date/time (2025/11/24, 09:30). The form is signed by a healthcare provider and dated 2025/11/24.

STEP 4

Place the completed blood requisition form into the shipping box to be mailed to the lab with your samples.



STEP 5

Follow the instructions for packaging the samples and either place the completed kit in the mail or drop off at any Nova Scotia Health **Specimen Testing** site.