

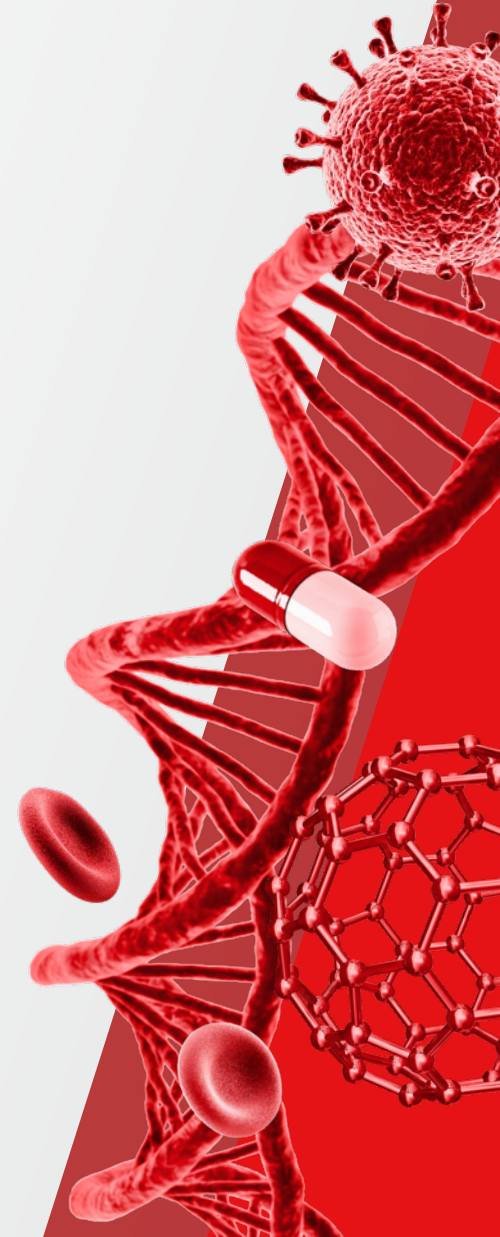
Urinary Test Ordering Process

Allison Gasiewski

Product Manager, Post-Transplant Biomarkers

May 2026

 The world leader in serving science



Personalized consultative service and support



Dedicated support throughout implementation and continued, day-to-day use



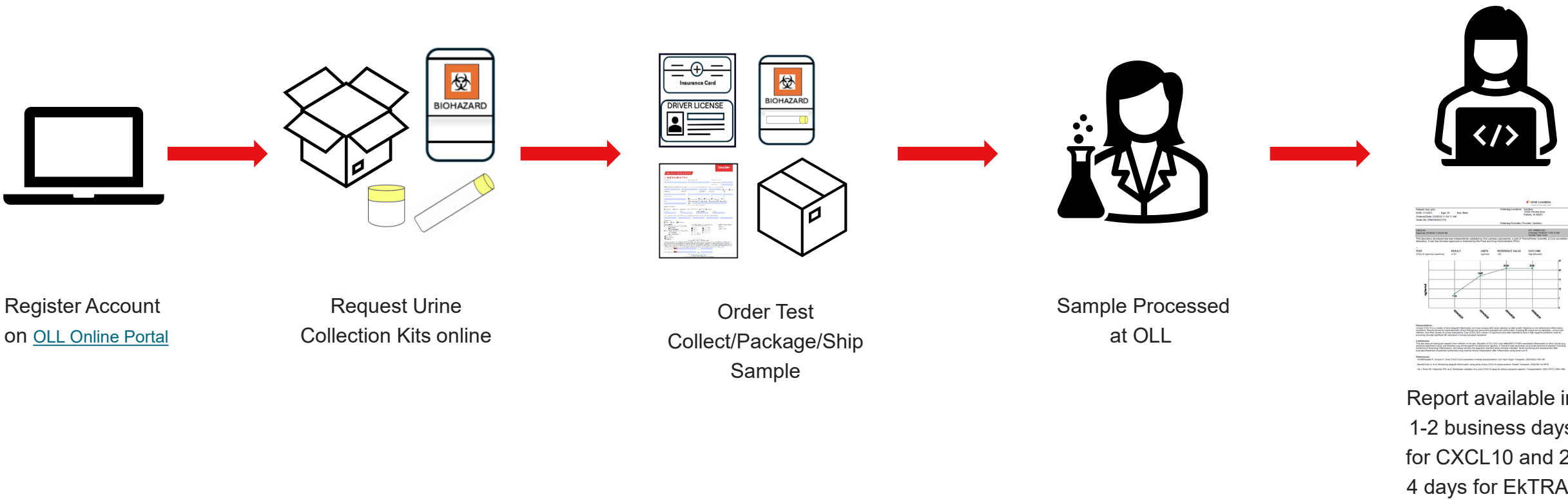
Professional consultations available with our Medical Affairs team to review patient specific results and next steps

“

Supportive service to help enable our customers to deliver more personalized, responsive care that can improve outcomes

”

Getting Started is Simple, Supported, and Streamlined



*from time of sample receipt

Registering an Account for the Online Portal

- Submit a request on the online portal:
[New Client Registration Form | One Lambda](#)
- If you are unable to register or need support, please email tdx-oll@thermofisher.com

New Client Registration Form

First Name *

Last Name *

Email Address *

Practice Name *

Practice NPI # *

Phone *

Fax *

Address *

City *

State *

Zip *

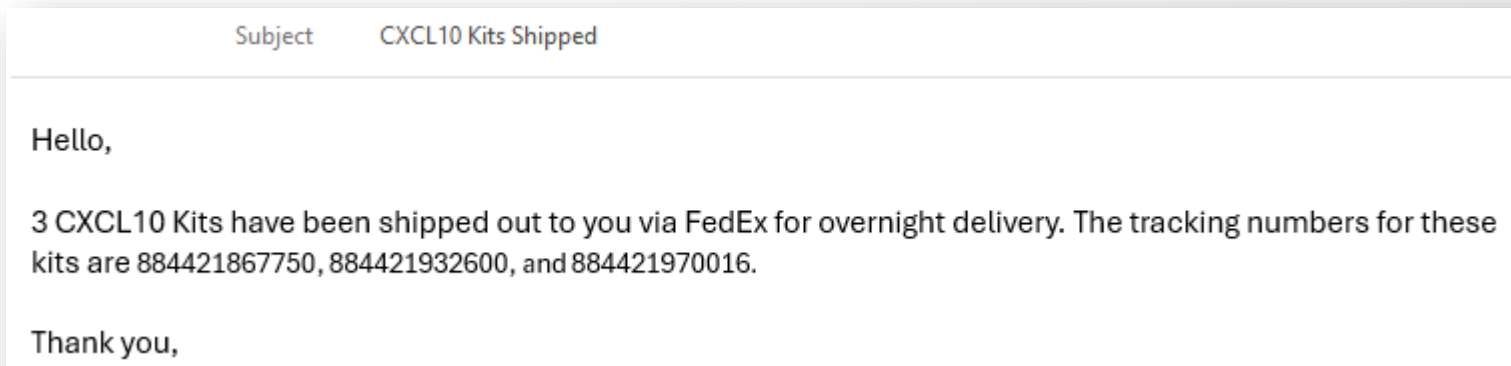
Are Sample Kits required? *

Comments

By submitting this form you agree to Thermo Fisher Scientific Inc. [Terms of Use](#) and [Privacy Notice](#), including transfer of your personal data to countries outside your country of residence.

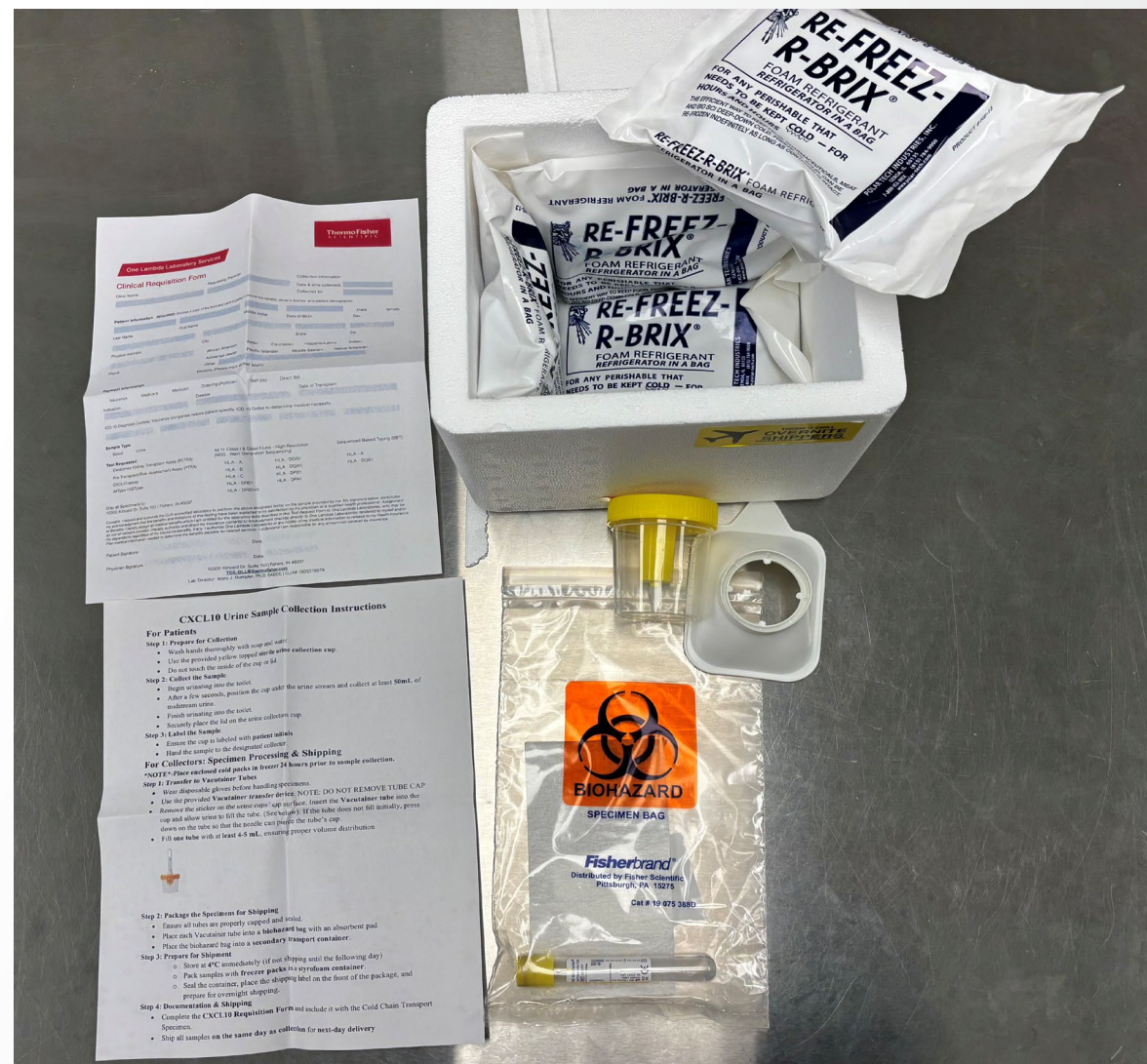
Request Urine Collection Kits

- Initial Kit Ordering
 - During registration on the portal: [New Client Registration Form | One Lambda](#)
- Additional Kit Ordering
 - Via Email: tdx-oll@thermofisher.com
 - Via Online Order Form: [CXCL 10 Urine Kit Form | One Lambda](#)
- Upon Kit Shipment
 - Email sent to the requested provider
 - Includes the number of kits shipped and tracking number(s)



Collection Kit Contents

- 4 RE-FREEZ-R-BRIX packs*
- 1 Yellow Top Sterile Urine Collection Cup
- 1 Yellow Vacutainer Tube (8 mL)
- 1 Styrofoam Container
- 1 Biohazard Bag and Absorbent Sheet
- 1 Requestion Form
- 1 Collection Instructions
- 1 FedEx Return Label*



*Be sure to allocate freezer space to store the freezer packs

Use the Provided Manual Requisition Form or the Online Portal

**ThermoFisher
SCIENTIFIC**

One Lambda Laboratory Services

Clinical Requisition Form

Clinic Name
[Redacted]

Requesting Physician
[Redacted]

Collection Information
Date & time collected: [Redacted]
Collected by: [Redacted]

Patient Information REQUIRED: Enclose a copy of the front and back of patient's insurance card(s), driver's license, and patient demographic.

Last Name
[Redacted]

First Name
[Redacted]

Physical Address
[Redacted]

Phone
[Redacted]

Middle Initial
[Redacted]

Date of Birth
[Redacted]

City
[Redacted]

State
[Redacted]

Ethnicity (Please mark all that apply)
☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic/Latino ☐ Indian
☐ Ashkenazi Jewish ☐ Pacific Islander ☐ Middle Eastern ☐ Native American
☐ Other [Redacted]

Sex
☐ male ☐ female

Zip
[Redacted]

Payment Information

☐ Insurance ☐ Medicare ☐ Medicaid

Indication
[Redacted]

☐ Ordering physician ☐ Self pay ☐ Direct Bill

Disease
[Redacted]

☐ Direct Bill

Date of Transplant
[Redacted]

ICD-10 Diagnosis Code(s): Insurance companies require patient specific ICD-10 Codes to determine medical necessity.
 [Redacted]
 [Redacted]

Sample Type
☐ Blood ☐ Urine

Test Requested
☐ Excess/unused Kidney Transplant Assay (KTXTRA)
☐ Pre-Transplant Risk Assessment Assay (PTTRA)
☐ C2/C10 to assay
☐ AllType FASTpak

All 11 Class I & Class II / Low / High Resolution (NGS - Next Generation Sequencing)
☐ HLA - A ☐ HLA - DQB1
☐ HLA - B ☐ HLA - DQA1
☐ HLA - C ☐ HLA - DRB1
☐ HLA - DREB1 ☐ HLA - DRK1
☐ HLA - DREB4S

Sequenced Based Typing (SBT)
☐ HLA - A ☐ HLA - DQB1

Ship all Specimens to:
 10300 Kincaid Dr. Suite 103 | Fishers, IN 46037

I/We hereby request and authorize the CLIA accredited laboratory to perform the above designated tests on the sample provided by me. My signature below constitutes my acknowledgment that the benefits and limitations of this testing have been explained to the physician or a qualified health professional. Assignment of benefits / I hereby assign all medical benefits which are awarded for the laboratory tests described in this Test Request Form to One Lambda Laboratories, who may be an out-of-network provider. I hereby authorize and direct my insurance carrier(s) to issue payment directly to One Lambda Laboratories, regardless of my request and/or my dependent's regardless of my insurance benefits, if any. I authorize One Lambda Laboratories or any holder of my medical information to release to my health insurance provider medical information needed to determine the benefits payable for related services. I understand I am responsible for any amount not covered by insurance.

Patient Signature: [Redacted]

Physician Signature: [Redacted]

Date: [Redacted]

Date: [Redacted]

10300 Kincaid Dr. Suite 103 | Fishers, IN 46037
 TOLL FREE 1-800-874-6646
 Lab Director: Marc J. Rumpel, Ph.D. DABCC | CLIA# 1020276670

Test, John

01/01/2001 24y M PID: 25-226-0000001 MRN:

Demographics | Insurance | Order

Q

Search

Order ID: NEW ORDER

Status: **NEW ORDER**

Entered byDoe, Jane

Ordering Location* Sandbox

Patient* Test, John

Ordering Provider* Provider, Sandbox

Collection Location* Sandbox

Order Date* 09 / 17 / 2025 03 : 37 PM Now

Collection Date* 09 / 17 / 2025 03 : 34 PM Now Clear

Fasting No 0.00 Hours

Patient Class* Outpatient

Payor(s) No Payor

Results To...

Comments

Received Date* 09 / 17 / 2025 03 : 34 PM Now Clear

Sample Only

Order Choices

Abbreviation list

Add

No diagnosis codes selected

ICD-10 ▼

Order Choice Search

Diagnoses

Search

Summary

Order Choice	Diagnoses	Alt Sample	Sample ID	Priority	Lab	Sent To Lab	Billing	Account	ABN Status	Cancel
CXCL10	None selected	- Default -	T.B.D.	Routine	One Lambda Laboratorie		Patient Bill		Not Required	

Documentation and Actions

Requisition(s)

Lab Report

ABN

Linked Docs

Change Log

Print Labels

Collect Samples

Clinical Info

Cancel Order

Copy Last Order

Advantages to Ordering through the Portal

- Print completed order to include in shipment in place of manual requisition
- Prevents sample processing delays
- Provides an order number for reference

Instructions For Patients

Urine Collection



Step 1: Prepare for Collection

- Wash hands thoroughly with soap and water
- Use the provided **sterile urine collection cup**
- Do not touch the inside of the cup or lid



Step 2: Collect the Sample

- Begin urinating into the toilet.
- After a few seconds, position the cup under the urine stream and collect at least 10-20 mL* of midstream urine.
- Finish urinating into the toilet.
- Securely twist the lid on the urine collection cup.

*10mL minimum per test



Step 3: Label the Sample

- Hand the sample to the designated collector.
- Ensure the cup is labeled with **two patient identifiers.**

In the Clinic: Specimen Processing

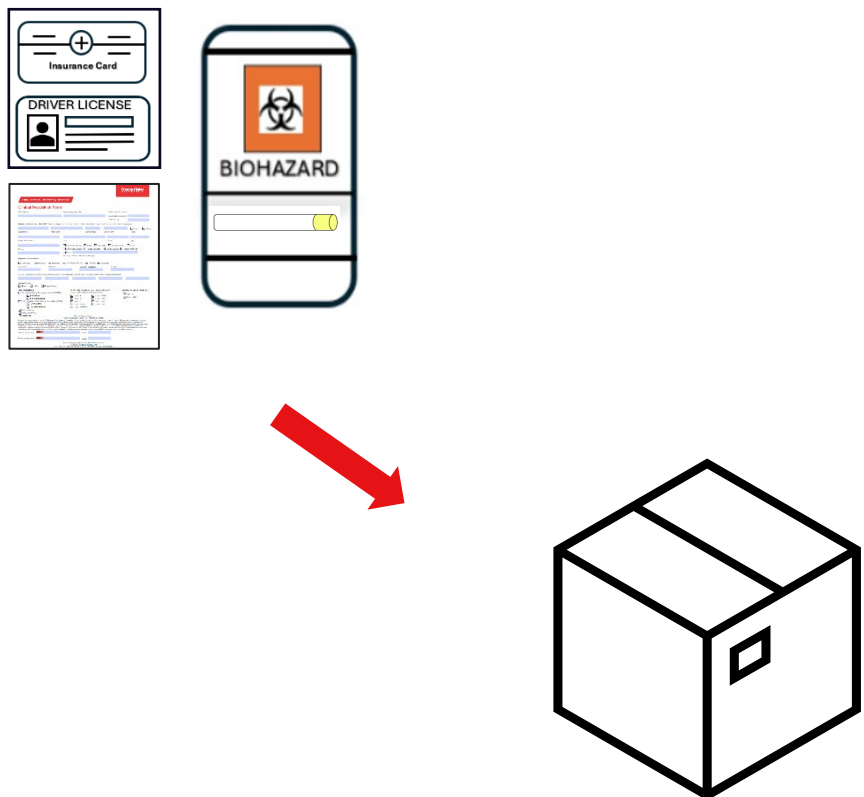
Refer to Collection Instructions included in the Kit



- Store cold packs at -20°C **24 hours before sample collection.**
- Wear disposable gloves before handling the specimen.
- Remove the sticker from the surface of the urine cup cap.
- Without removing the tube cap on the yellow top Vacutainer tube, insert the cap of the tube into the Vacutainer transfer device and allow the urine to fill the tube.
- If the tube does not fill initially, press down on the tube so that the needle can pierce the tube's cap.
- Fill the Vacutainer tube until urine no longer flows into the tube.
- Ensure tube is properly capped, sealed, and labeled with two patient identifiers
- Place the Vacutainer tube in the provided biohazard bag with absorbent pad
- Store the sample immediately at 4°C until ready for packaging and shipment.

Specimen Shipment

Refer to Collection Instructions included in the Kit



- Pack the sample with the 4 freezer packs in the provided Styrofoam container
- Fold and place a copy of the following documents in the pouch on the back of the biohazard bag and seal:

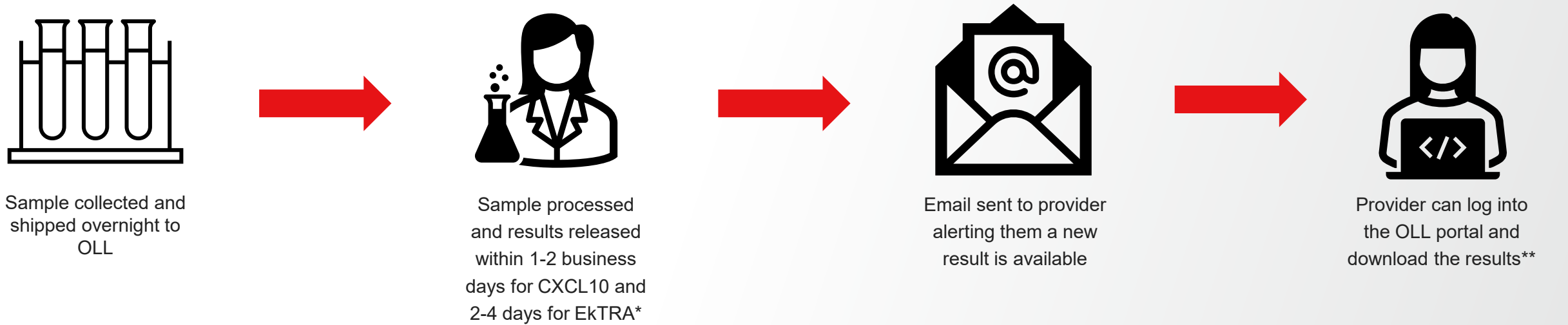
Request Form (manual or printed from portal)

Copy of the front and back of the patient's driver's license

Copy of the front and back of the patient's insurance card

- Place the Styrofoam container into the cardboard shipping box.
- Seal the cardboard shipping box, place the shipping label on the front of the package, and prepare for overnight shipment.
- Ship all samples on the same day as collection.
If the sample is collected on a Friday, please store the sample at 4°C until shipment Monday.
- Call 1-800-463-3339 to schedule FedEx Express pick-up

Sample to Results



*from sample receipt

**Result consultations available with Medical Science Liaisons (MSLs)

From Insight to Acton: Your Path Forward



tdx-oll@thermofisher.com



[Online Portal](#)



FedEx Pickup: 1-800-463-3339

Detailed Portal Instructions

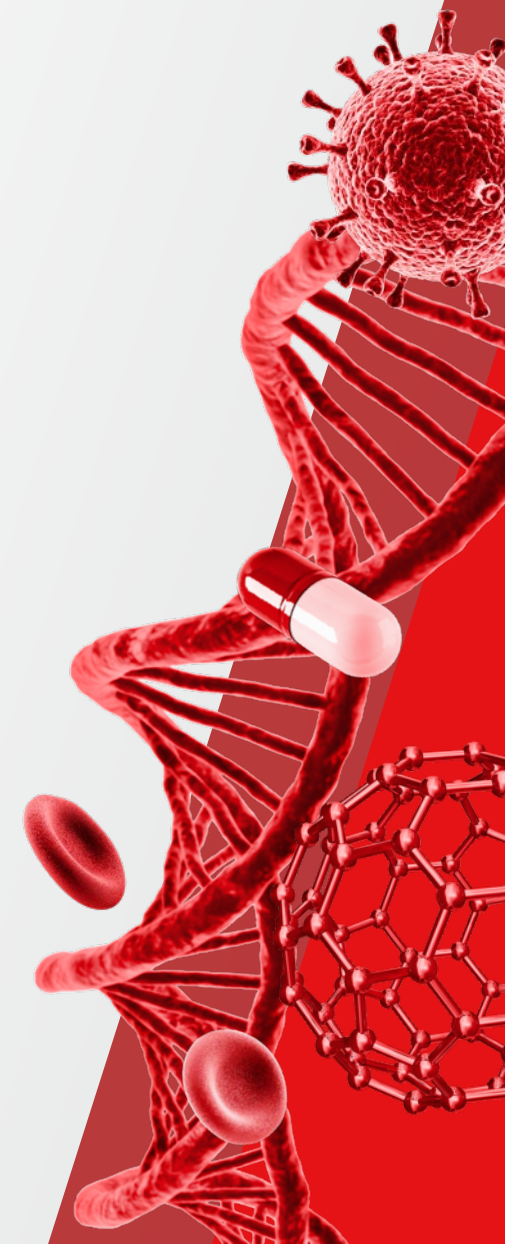
Allison Gasiewski

Product Manager, Post-Transplant Biomarkers

May 2026

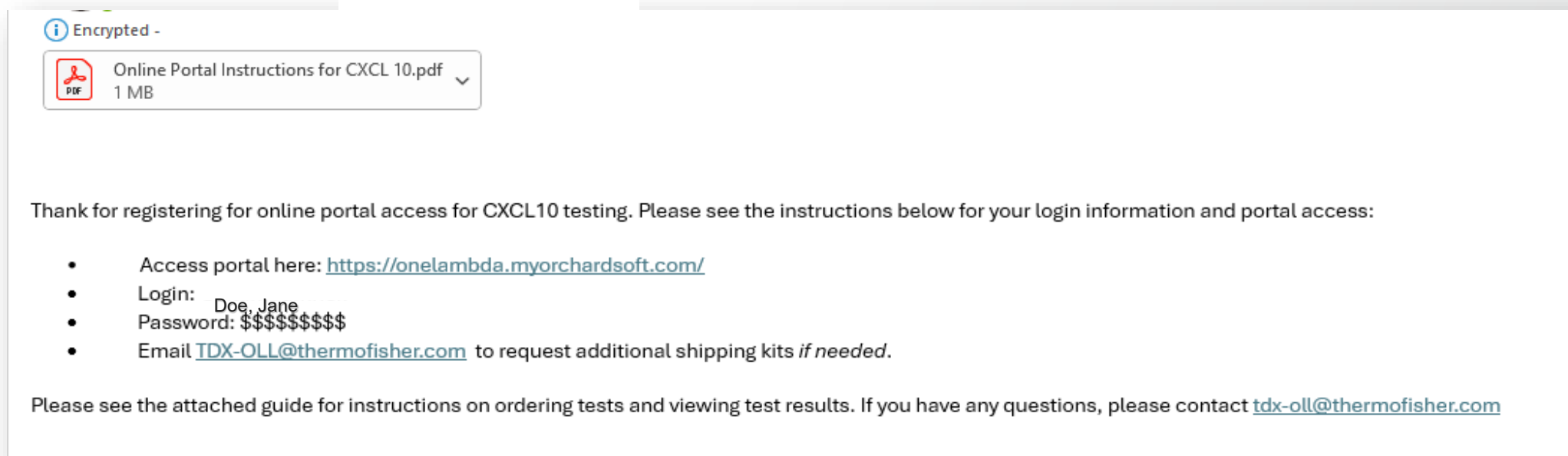
 The world leader in serving science

The CXCL10 assay was developed by Thermo Fisher Scientific and validated by One Lambda Laboratories. The EkTRA assay was developed and validated by One Lambda, Inc. These laboratory developed test are used for clinical purposes by the CLIA-certified laboratory performing the test. These tests have not been cleared or approved by the FDA as an in vitro



Registering an Account for the Online Portal

- An encrypted email will be sent to the provider containing their username and temporary password
- The password can be reset once the provider logs in
- The provider will have 72 hours from receipt of email to log in and access their account
- If the provider cannot access their account, please email: tdx-oll@thermofisher.com
 - Subject of email should state “Online Portal Issues”



Placing an Order Through the Online Portal

Log into OLL Portal: [One Lambda](#)

- Click “This Location”
- Click “Set Location”
- Click the magnifying glass
- Click provider practice name

Note – the provider can only see their practice

ONE LAMBDA
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TASKCENTER

- MANAGE ORDERS
- MANAGE SAMPLES
- MANAGE TESTING
- VIEW RESULTS
- PATIENT INFO
- THIS LOCATION**
 - Set Location**
- MY PREFERENCES
- REPORTS
- QUICK LINKS
- QUICK LINKS

Jane Doe
One Lambda Laboratories
EDT
[Message Center \(0\)](#)
Hide Menu

Set Location

Please choose your location

Available Locations:

Name ²	Practice
One Lambda Laboratories	One Lambda Laboratories
One Lambda Laboratories (Clinical Trial)	One Lambda Laboratories (Clinical Trial)
One Lambda Laboratories (Research)	One Lambda Laboratories (Research)

Label Printer Type: **EPL2** (workstation setting stored in a cookie)

Documents and Labels for One Lambda Laboratories

Documents

Local Printer **Print**

No documents found.

Labels

Local Workstation Label Printer **0** **Print**

Placing an Order Through the Online Portal

- From the left taskbar, click “Manage Orders”
- Click “Order Patient Samples”
 - The "New Order" screen will display
 - Provider's practice will auto-populate
- Enter patient's name and collection date
- Click in the “patient” box
 - Patient Selection window opens
- Select “New Patient”
 - Patient Demographics window opens

ONE LAMBDA
A Thermo Fisher Scientific Brand

Taskcenter

- MANAGE ORDERS
- Order Patient Samples
- MANAGE SAMPLES
- MANAGE TESTING
- VIEW RESULTS
- PATIENT INFO
- THIS LOCATION
- MY PREFERENCES
- REPORTS
- QUICK LINKS

QUICK LINKS

Jane Doe
One Lambda Laboratories
EDT
Message Center (0)
Hide Menu

New Order
Please Select an Ordering Location

Order ID: NEW ORDER Status: NEW ORDER Entered by: Doe, Jane

Ordering Location* Sandbox Patient Class* Outpatient Payor(s) No Payor

Patient* Type at least 3 characters to search

Ordering Provider* Show Advanced Search

Collection Location* Name¹ Patient ID SSN MRN DOB² Sex Address PCP Practice Copy

Order Date* No matching records found

Collection Date* Fasting

New Patient

Order Choices

Abbreviation list Add No diagnosis codes selected ICD-10

Order Choice Search Diagnoses Search Summary

Order Choice	Diagnoses	Alt Sample	Sample ID	Priority	Lab	Sent To Lab	Billing	Account	ABN Status	Cancel
Please select a patient.										

Documentation and Actions

Requisition(s) Lab Report ABN Linked Docs Change Log

Print Labels Collect Samples Clinical Info Cancel Order Copy Last Order

Placing an Order Through the Online Portal

- Enter the patient first and last name
- Complete required (red highlighted) fields
- Date of birth: MM/DD/YYYY format
- Click Save

Demographics

Practice*

Last Name*

Prefix

First Name*

Middle Name

Suffix

Professional Suffix

Patient ID

Date of Birth (mm/dd/yyyy)*

Sex

SSN

Race

Ethnicity

Primary Care Provider

Linked Location

Practice MRN

Phone 1*

Phone 2

Email

Address 1

Address 2

ZIP/Postal Code*

City*

State/Region/Province*

Country* U.S.A.

Nationality

☐ Patient is Test Patient
 ☐ Ignore capitalization rules
 ☐ Display ABN in Spanish
 ☒ Patient is Orderable
 ☐ Patient is Deceased

Match List

Name	Patient ID	SSN	Patient Match Rule
No matching records found			

Comments

Alerts

Additional Information

Encounters

Results To...

Linked Docs

Diagnoses

Sign In

Aliases

* Required field

Save

Discard Changes

Cancel

Placing an Order Through the Online Portal

- The new order window will update to show the patient's name in the top tab
- Fill in the collection date
 - Click "Now" button to autofill
- Click in the "Order Choices Search" box
- Hit enter on your keyboard to open "Order Choice" window

Order ID: NEW ORDER Status: NEW ORDER Entered by: Doe, Jane

Ordering Location* Sandbox Patient* Test2, Test2 Ordering Provider* Provider, Sandbox Collection Location* Sandbox

Patient Class* Outpatient Payor(s) No Payor Results To... Comments

Received Date* 09 / 17 / 2025 02 : 46 PM Now Clear

Order Date* 09 / 17 / 2025 02 : 47 PM Now

Collection Date* / / : AM Now Clear

Fasting No 0.00 Hours

Order Choices

Abbreviation list Add No diagnosis codes selected ICD-10

Order Choice Search Diagnoses Search Summary

Order Choice	Diagnoses	Alt Sample	Sample ID	Priority	Lab	Sent To Lab	Billing	Account	ABN Status	Cancel
To select an order choice, type in the text box or select an order choice list.										

Placing an Order Through the Online Portal

- Check the box next to CXCL10 and/or EkTRA test
 - This will move the test to the bottom window
 - Test selection will populate
- Select “Add Selected Items”

Order Choice Search

Order Choice Name:

☒ Search All Order Choices
☐ Search Order Choice List:
☐ Search Profiles

Show entries
 Showing 1 to 1 of 1 entries

Select	Name	Abbreviation	Alternate ID1	CPT Codes	Collection Information	Host Codes
☐	CXCL10	CXCL10	CXCL10	0526U	Urine in Urine Cup	

Show entries
 Showing 1 to 1 of 1 entries

Selected Items

Select	Name	Abbreviation	Alternate ID1	CPT Codes	Collection Information	Host Codes	Count	Remove
☒	CXCL10	CXCL10	CXCL10	0526U	Urine in Urine Cup		1	x

Placing an Order Through the Online Portal

➤ Confirm details in the final test selection screen

- Patient name
- Collection Date
- Test Selection
- Ordering Provider
- Ordering Location

➤ Click Save

Test, John
01/01/2001 24y M PID: 25-226-0000001 MRN:

Order ID: NEW ORDER Status: NEW ORDER Entered by: Bamrick, Caitlin

Ordering Location* Sandbox Patient Class* Outpatient
 Patient* Test, John Payor(s) No Payor
 Ordering Provider* Provider, Sandbox Received Date* 09 / 17 / 2025 03 : 34 PM Now Clear
 Collection Location* Sandbox
 Order Date* 09 / 17 / 2025 03 : 37 PM Now
 Collection Date* 09 / 17 / 2025 03 : 34 PM Now Clear
 Fasting No 0.00 Hours

Order Choices

Abbreviation list Add No diagnosis codes selected ICD-10
 Order Choice Search Diagnoses Search Summary

Order Choice	Diagnoses	Alt Sample	Sample ID	Priority	Lab	Sent To Lab	Billing	Account	ABN Status	Cancel
CXCL10	None selected	- Default -	T.B.D.	Routine	One Lambda Laboratories		Patient Bill		Not Required	

Documentation and Actions

Requisition(s) Lab Report ABN Linked Docs Change Log
 Print Labels Collect Samples Clinical Info Cancel Order Copy Last Order

Sign Out New Order Save

Sample Only



Placing an Order Through the Online Portal

- The Clinical Information window will display
- Add specimen collection notes if needed
- Click "Save" to generate the test requisition form

Order Choices	Clinical Info	Response
CXCL10	Date of Transplant*	/ /
CXCL10	Specify Organ	
CXCL10	Specimen Condition	
	Additional Note	
CXCL10	Specimen Type	Urine
CXCL10	zMissing Information	

Save Cancel

Placing an Order Through the Online Portal



- The requisition form can be printed and included in the shipment
 - This requisition form can be used in place of the paper copy included in the kit shipment

REQUISITION

Performing Lab: One Lambda Laboratories, a part of Thermo Fisher Scientific
CLIA ID: 15D2276979

ONE LAMBDA
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Order Information:

Practice: Sandbox
Order ID: ORM2520501618
Location: Sandbox
Date: 07/24/2025 1:42PM
Patient Comments:
Order Comments:

Date Printed: 09/17/2025 3:19PM

Ordering Provider: Provider, Sandbox
Status: Resulted

Send Samples to:
Thermo Fisher Scientific (Sample Intake)
10300 Kincaid Drive, Suite 103, Fishers, IN 46037

Patient Information:

Insurance Information:

Name: Test, John1
24y M
Patient ID: 24-050-0000001
MRN:
DOB: 01/01/2001

Primary: none specified
Ins Co Addr:
Subscriber ID:
Group #:
Policy #:
Insured Name:
Rel to Insured:
Insured Addr:
Employer:
Employer ID:

Secondary: none specified
Ins Co Addr:
Subscriber ID:
Group #:
Policy #:
Insured Name:
Rel to Insured:
Insured Addr:
Employer:
Employer ID:

Order Choices for: One Lambda Laboratories, a part of Thermo Fisher Scientific

SID: 2520502161
Collected: 07/24/2025 1:41PM

Priority	CPT Code	Name	Tube/Container	Host Code	ICD Codes	ABN Status
R	0526U	CXCL10	(1) Urine Cup			N/A

REFRIGERATE.

Billing: Self Pay

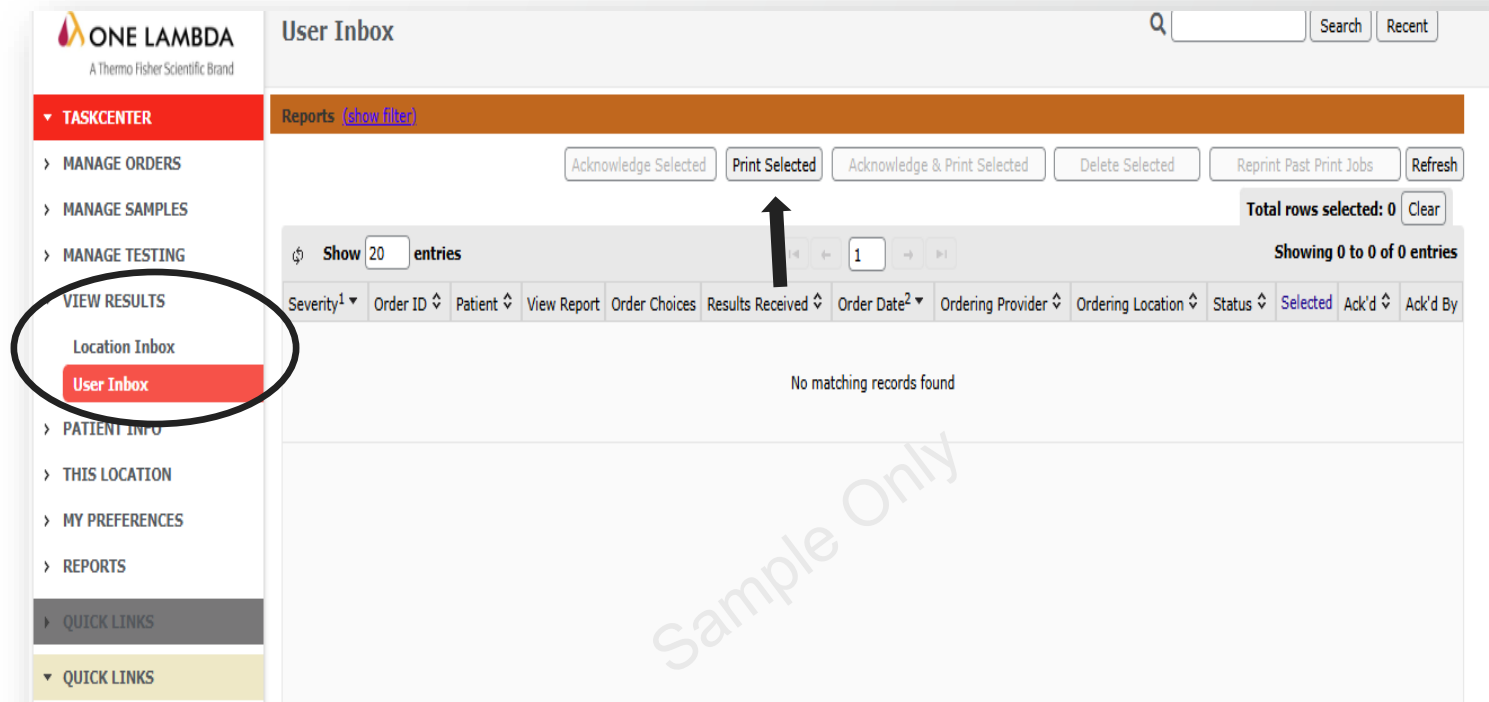
Clinical Info:

Order Choices	Questions	Answers
CXCL10	Date of Transplant	01/01/2001
CXCL10	Specify Organ	Kidney
CXCL10	Specimen Condition	
CXCL10	Specimen Type	Urine

Retrieve Results From the Online Portal

Log into OLL Portal: [One Lambda](#)

- Click "User Inbox"
 - All tests ordered by the registered provider will be listed on this window
- Select the order
- Click "Print Selected"



Search for Patient Report

Log into OLL Portal: [One Lambda](#)

- In the search box at the top, enter either the last name, patient ID number, or Order Number

The screenshot shows the One Lambda OLL Portal interface. At the top right, there is a search box with the text "test2" and buttons for "Search" and "Recent". A red arrow points to this search box. Below the search box, there are two main sections: "Patients" and "Orders".

The "Patients" section has a header "Patients" with a "Hotkey list" icon and a "New Patient" button. It contains an "Advanced Search Filter" with a "(show filter)" link and a prompt "Type at least 1 character to search.". Below this is a table with 2 entries. The table has columns: Master PID, Name, Patient ID, SSN, MRN, DOB, Sex, Address, PCP, and Practice. The first entry is "Test2, Test2" with Patient ID "25-248-0000001", DOB "01/01/1955", Sex "M", Address "Crown Point, IN 463073", PCP "Sandbox", and Practice "Sandbox". The second entry is "Test2, Test2" with Patient ID "25-260-0000001", DOB "01/01/1998", Sex "U", Address "Fishers, IN 46037", PCP "Sandbox", and Practice "Sandbox".

The "Orders" section has a header "Orders" with a "Hotkey list" icon. It contains an "Advanced Search Filter" with a "(show filter)" link and a prompt "Type at least 4 characters to search.". Below this is a table with 0 entries. The table has columns: Order Choice Abbreviations, Order ID, Patient ID, Ordered, Samples, Order Date, and Status. The text "No matching records found" is displayed below the table.

Search for Patient Report (Continued)

- Click on the patient's name
- Click order history

Patients [Hotkey list](#) [?](#)

Advanced Search Filter [\(show filter\)](#) Type at least 1 character to search.

Show 10 entries Showing 1 to 10 of 21 entries

Master PID	Name ¹	Patient ID	SSN	MRN	DOB ²	Sex	Address	PCP	Practice
	John,	23-324-0000001			12/12/2021	F	123 idk Plymouth, IN 46563		Sandbox

- Click on Order ID Number
- Click Lab Report
- Choose View

Sandbox: John, / Patient ID: 23-324-0000001 / MRN:

Show 10 entries

Order ID	Order Choices	Order Date	Ordering Pr
ORM2332400298		2023 11:40AM	Provider, Sa

Show 10 entries

- Review Order
- Samples
- Labels
- Requisition
- Change Log
- Lab Report > View
- Linked Documents
- Lab Info Request
- Client Services Items
- Work in Progress

Deliver➔

Additional Portal Instructions

Adjusting View Results

- View Results default to +/- 3 days
- To see all previous patient results:
 - Click “View Results”
 - Click “Location Inbox”
 - In the orange box, click “Show Filter”.
 - Settings available to show reports received in the past 30, 60, 90, or any other time period in days.

The screenshot shows the ONE LAMBDA portal interface. On the left sidebar, under 'TASKCENTER', the 'VIEW RESULTS' section is expanded, and 'Location Inbox' is highlighted with a red box and a blue arrow labeled '1'. In the main content area, the 'Location Inbox' header has an orange bar with 'Inbox Filter (hide filter)' and a blue arrow labeled '2'. Below this, the 'Show:' section has a dropdown menu set to 'Reports received in the past 30 days' with a blue arrow labeled '3'. The interface also includes filters for Patient, Ordering Location, Ordering Provider, Status, Severity, and Priority, as well as date range pickers for 'Reports received' and 'All unacknowledged reports'. At the bottom, there are buttons for 'Acknowledge Selected', 'Print Selected', 'Acknowledge & Print Selected', 'Delete Selected', 'Reprint Past Print Jobs', and 'Refresh'. The table below shows 0 entries with columns for Severity, Order ID, View Report, Patient, Order Choices, Results Received, Order Date, Ordering Provider, Status, Select, Ack'd, and Ack'd By.