



Brand Guidelines for Spectra Laboratories, Spectra Clinical Research and Averity  
January 2007



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A.

The Spectra logo in Color

B.

The Spectra logo in Black

C.

The Spectra logo in Reverse White



A.



B.



C.



**Standard Logo Configuration:**

The words Spectra and Laboratories, and the logobug should always appear as a lockup. In no instances may the logo be altered or an element be taken out, scaled or resized.



**White Space Requirements:**

To protect the integrity and consistency of the Spectra Logo, a minimum amount of 0.5" (x) clear space should appear around the logo.

This space must remain free of text, colors, or images of any kind.

Note: there is some flexibility, where the white space can be less in instances where there is heavy content in a very limited space, such as business cards.



x=0.5"

**Pantone Matching Colors:**

Blue: Pantone 646 C

Orange: Pantone 1665 C

Gray: Pantone Cool Gray 9 C

**4-color Process:**

Blue: C65 + M30 + K11

Orange: M68 + Y100

Gray: K50

**Web Safe Colors:**

Blue: 6699CC

Orange: FF6633

Gray: 999999

**Primary Colors**



Pantone 646 C



Pantone 1665 C



Pantone Cool Gray 9 C

**4-color Process Colors**



C 65  
M 30  
Y 0  
K 11



C 0  
M 68  
Y 100  
K 0



C 0  
M 0  
Y 0  
K 50

**Web Safe Colors**



6699CC



FF6633



999999

**Pantone Matching Colors:**

Maroon: Pantone 201 C

Peach: Pantone 157 C

Black: Pantone Black C

**4-color Process:**

Maroon: M100 + Y63 + K29

Peach: M43 + Y70

Black: K100

**Web Safe Colors:**

Maroon: CC0033

Peach: FF9966

Black: 000000

**Secondary Colors**



**Pantone  
201 C**



**Pantone  
157 C**



**Pantone  
Black C**

**4-color Process Secondary Colors**



C 0  
M 100  
Y 63  
K 29



C 0  
M 43  
Y 70  
K 0



C 0  
M 0  
Y 0  
K 100

**Web Safe Colors for Secondary Colors**



**CC0033**



**FF9966**



**000000**

A.

The logo may appear in Spectra colors on a white background.

B.

The logo may appear in black on a white background.

C.

The logo may appear in reverse white on a black background.

D.

The logo may appear in reverse white on one of three Spectra color backgrounds.

E.

Embossing may be used to add prestige for special situations.

F.

Reverse the logo when background color is darker than 60% black; use black logo when background is 40% black or lighter.



A.



F.



B.



C.



D.



E.



## Unacceptable Color Usage

- A.  
**DO NOT** rotate Spectra colors or transpose colors on the logo.
- B.  
**DO NOT** use any color other than the standard Spectra colors.
- C.  
**DO NOT** use teal on the logo.
- D.  
**DO NOT** place the logo on a background that does not provide a strong contrast visually with the logo.
- E.  
**DO NOT** reverse the logo partially; always full reverse in one color.
- F.  
**DO NOT** outline the logo in white or in any other color on a background.
- G.  
**DO NOT** place the logo on a photographic background in either full color or reverse.
- H.  
**DO NOT** use the old Spectra logo anywhere at anytime.
- I.  
**DO NOT** use the Spectra East logo anywhere at anytime.
- J.  
**DO NOT** use the Spectra Renal logo anywhere at anytime.
- K.  
**DO NOT** use the old stacked Spectra logo anywhere at anytime.



A.



G.



B.



H.



C.



I.



D.



J.



E.



K.



F.

**A.**

The logo may be printed in Spectra colors on a white background. Black is the preferred color for body text. This is the preferred color usage presentation.

**B.**

When the communication is printed on a dark color background, the logo may appear in reverse white.

**C.**

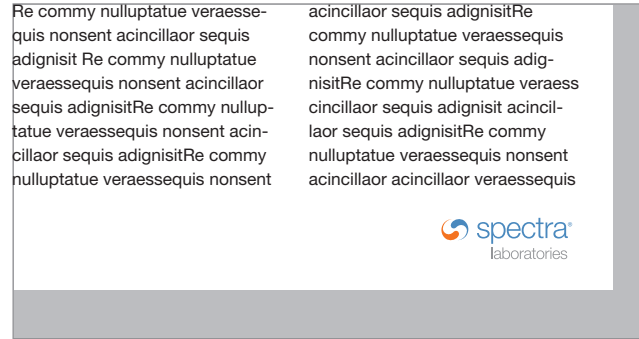
The logo may be printed in Spectra colors on a light color textured or recycled paper. The paper must provide a strong contrast with the logo.

**D.**

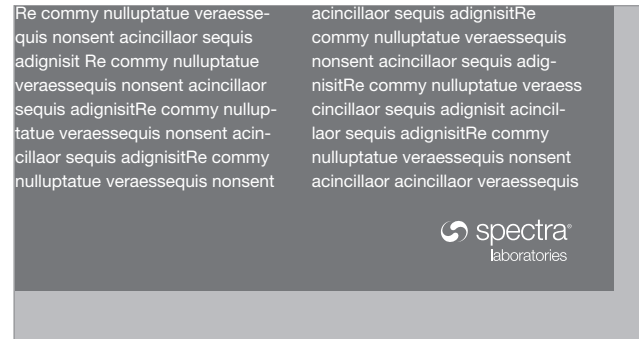
The logo may be reproduced in four-color process. Special care must be taken to ensure a proper color match.

**E.**

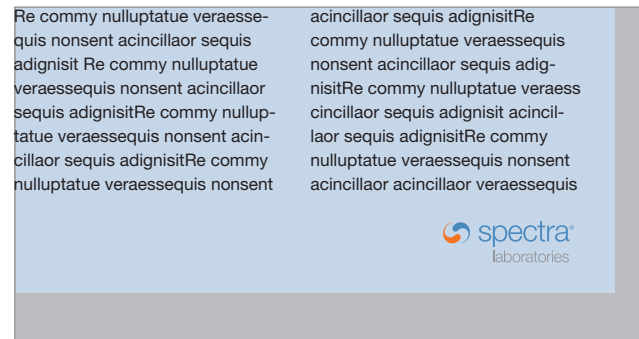
When it comes to two-color print, black is suggested for one of the colors and always use black on the logo.



**A.**



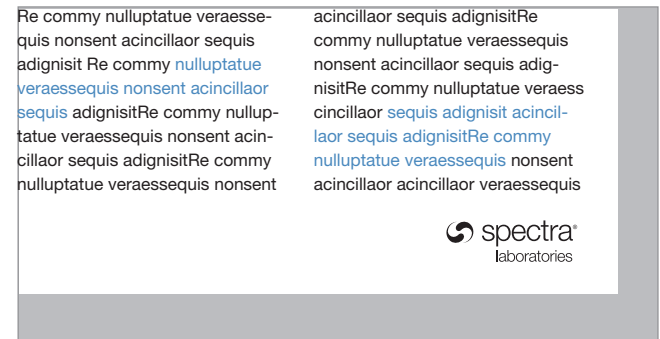
**B.**



**C.**



**D.**



**E.**

A.

**DO NOT** rotate Spectra colors or transpose colors on the logo.

B.

**DO NOT** place the logo in a white box reversed out of a dark color background.

C.

**DO NOT** place the logo in any color other than the standard Spectra colors.

D.

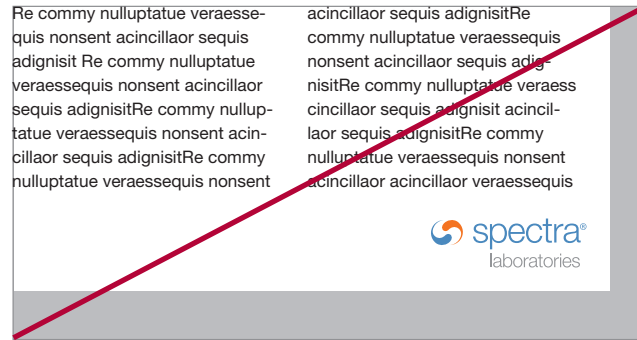
**DO NOT** outline the logo in white in any other color on a background.

E.

**DO NOT** place the logo on a background that does not provide a strong contrast visually with the logo.

F.

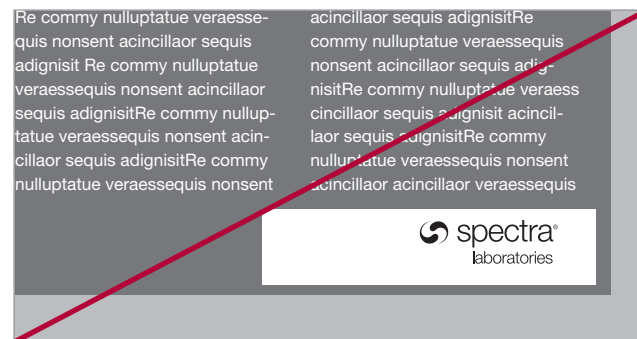
**DO NOT** place the logo on any photograph.



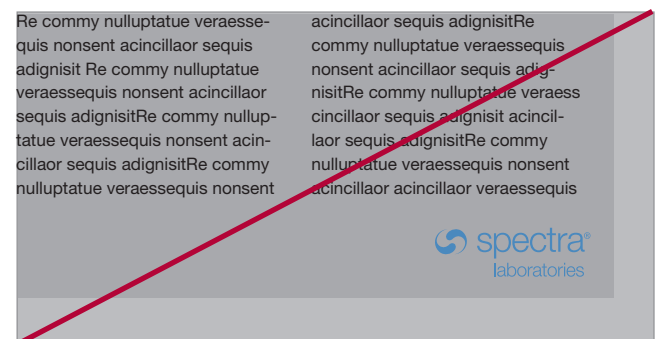
A.



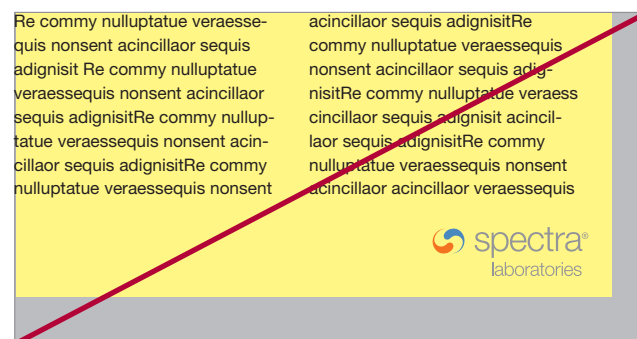
D.



B.



E.



C.



F.



A consistent and well-coordinated system of typography enhances the unity and integrity of all Spectra Laboratories communications.

Helvetica family is the font used throughout the identity; there are no substitute fonts.

### Helvetica Neue Bold

**ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz 1234567890**

### Helvetica Neue Roman

ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz 1234567890

### Helvetica Neue Light

ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz 1234567890

### Helvetica Neue Italic

*ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz 1234567890*

***Helvetica Bold Italic***  
***Helvetica Roman Italic***

*Helvetica Light Italic*  
*Helvetica Thin Italic*

**Logo Colors:**

Orange: Pantone 1665 U

Blue: Pantone 646 U

Gray: Pantone Cool Gray 9 U

**Back Panel:**

Logo solid Pantone 1665 U 100%  
over Pantone 1665 U 80%

**Font:**

Name:

Helvetica Neue Bold 7.6 pt. leading 9.3 pt.

Title:

Helvetica Neue 7.6 pt. leading 9.3 pt.

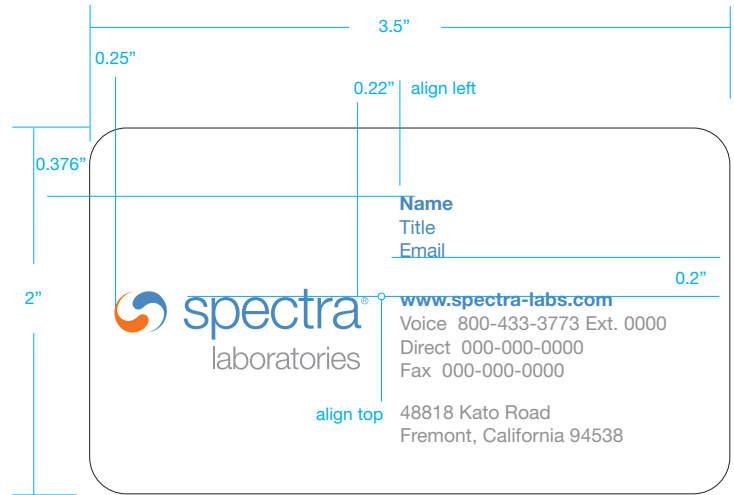
Address:

Helvetica Neue 7.6 pt. leading 9.3 pt.

Align left

**Size:**

3.5" x 2" with rounded corners.



Front



Back



**Logo Colors:**

Orange: Pantone 1665 U

Blue: Pantone 646 U

Gray: Pantone Cool Gray 9 U

Logo solid Pantone 1665 U 100%  
over Pantone 1665 U 80%

**Font:**

URL:

Helvetica Neue 75 bold 7.5 pt.

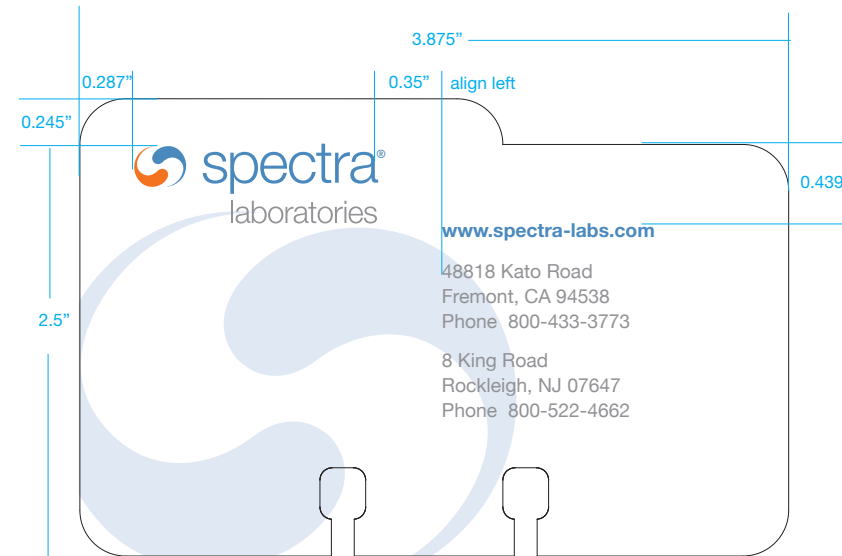
Address:

Helvetica Neue 7.6 pt. leading 9.3 pt.

Align left

**Size:**

3.875" x 2.5" with rounded corners.



**Logo Colors:**

Orange: Pantone 1665 U

Blue: Pantone 646 U

Gray: Pantone Cool Gray 9 U

There is no logo display on second page letterhead.

**Acceptable Fonts:**

Default Sans Serif, Verdana and Arial.

Under no circumstances is Comic Sans or

Times New Roman allowed.

Address:

Font size: 8 pt. leading 11 pt.

Align left

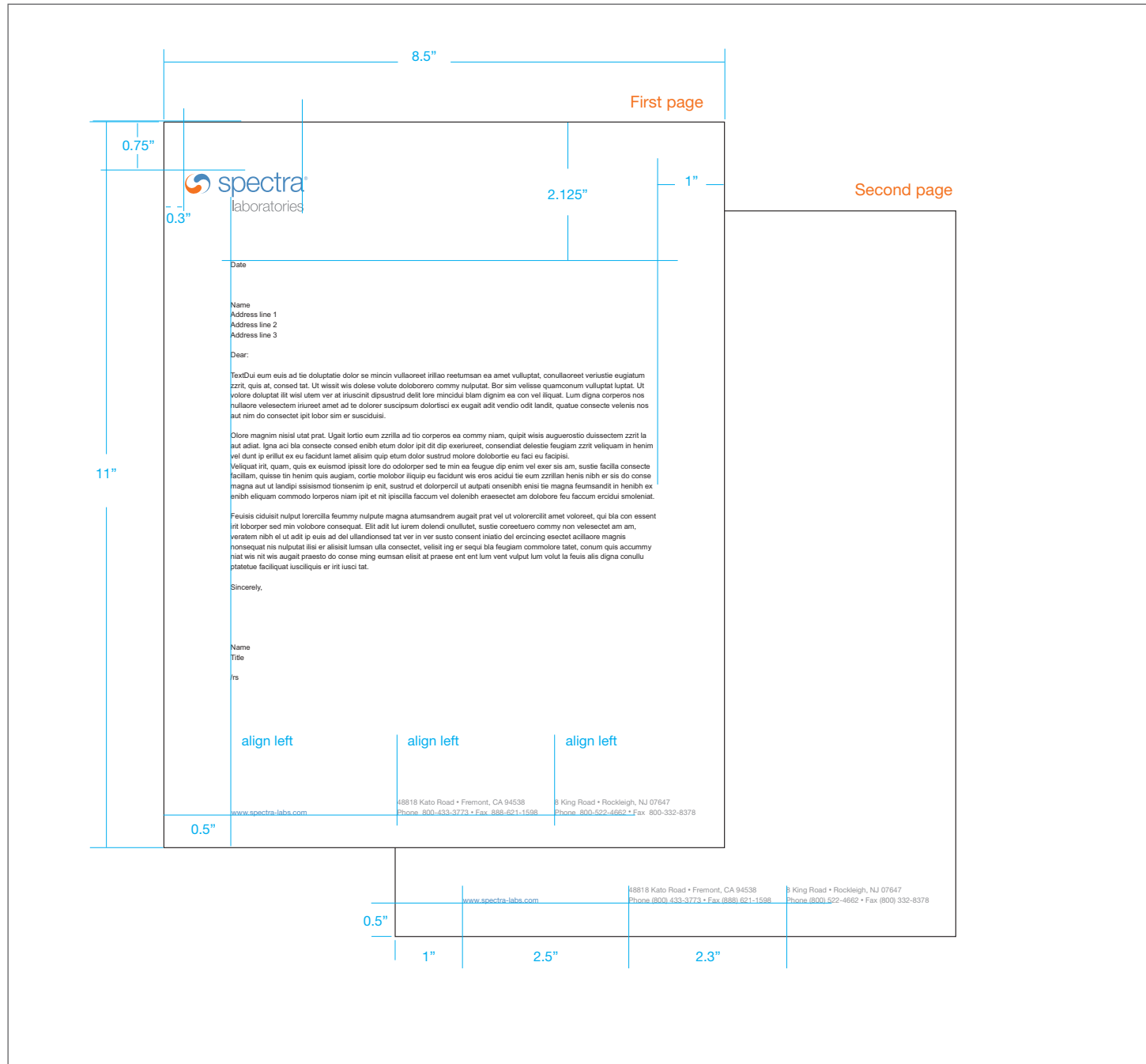
Body Text:

Acceptable font size: 10 pt.–12 pt.

Align left

**Size:**

8.5" x 11"



**Logo Colors:**

Orange: Pantone 1665 U

Blue: Pantone 646 U

Gray: Pantone Cool Gray 9 U

**Font:**

Return Address:

Helvetica Neue Regular 8 pt. leading 11 pt.

Align left

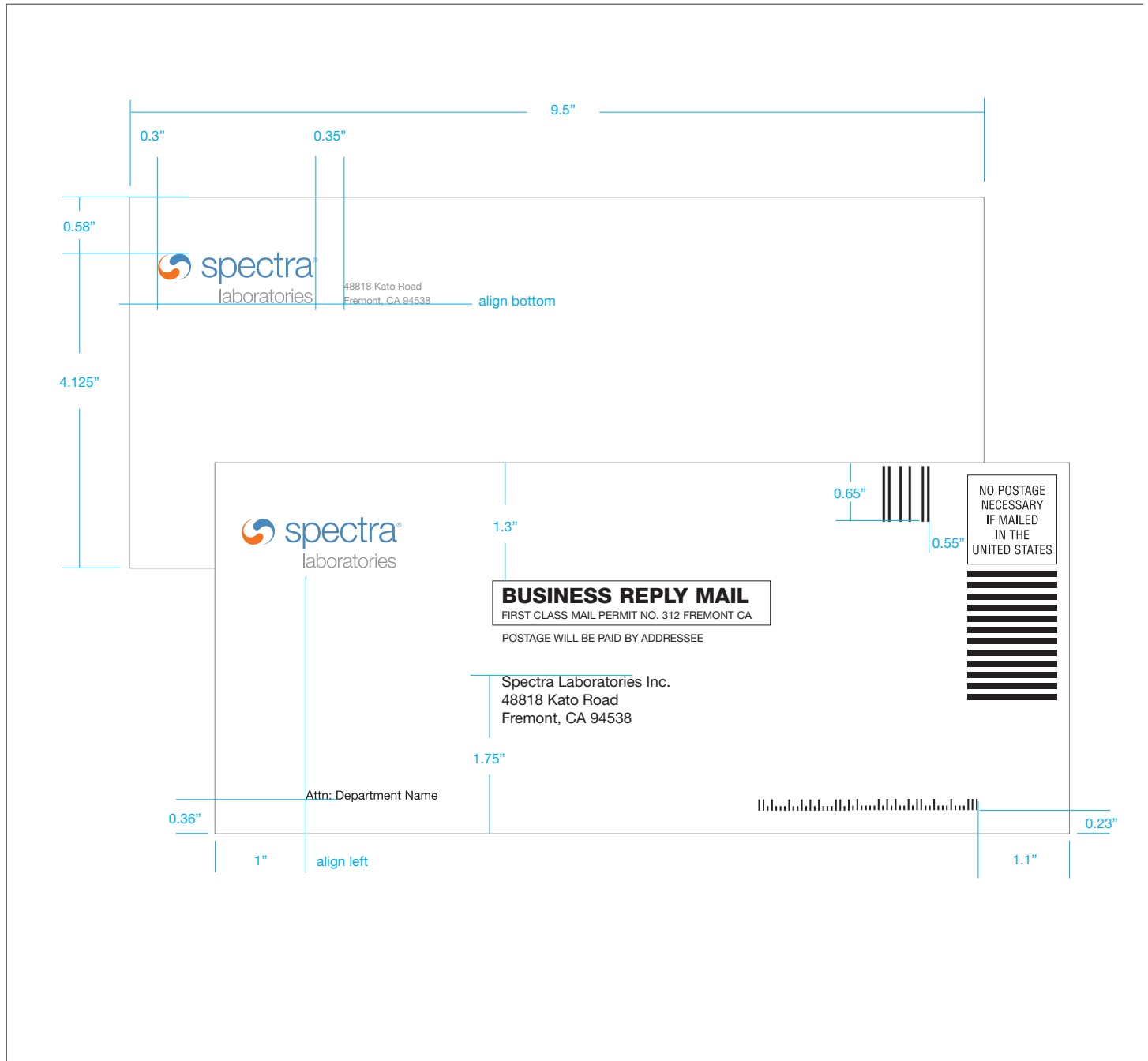
Forward Address:

Helvetica Neue Regular 12 pt. leading 14.5 pt.

Align left

**Size:**

9.5" x 4.125"



**Logo Colors:**

Orange: Pantone 1665 U

Blue: Pantone 646 U

Gray: Pantone Cool Gray 9 U

**Font:**

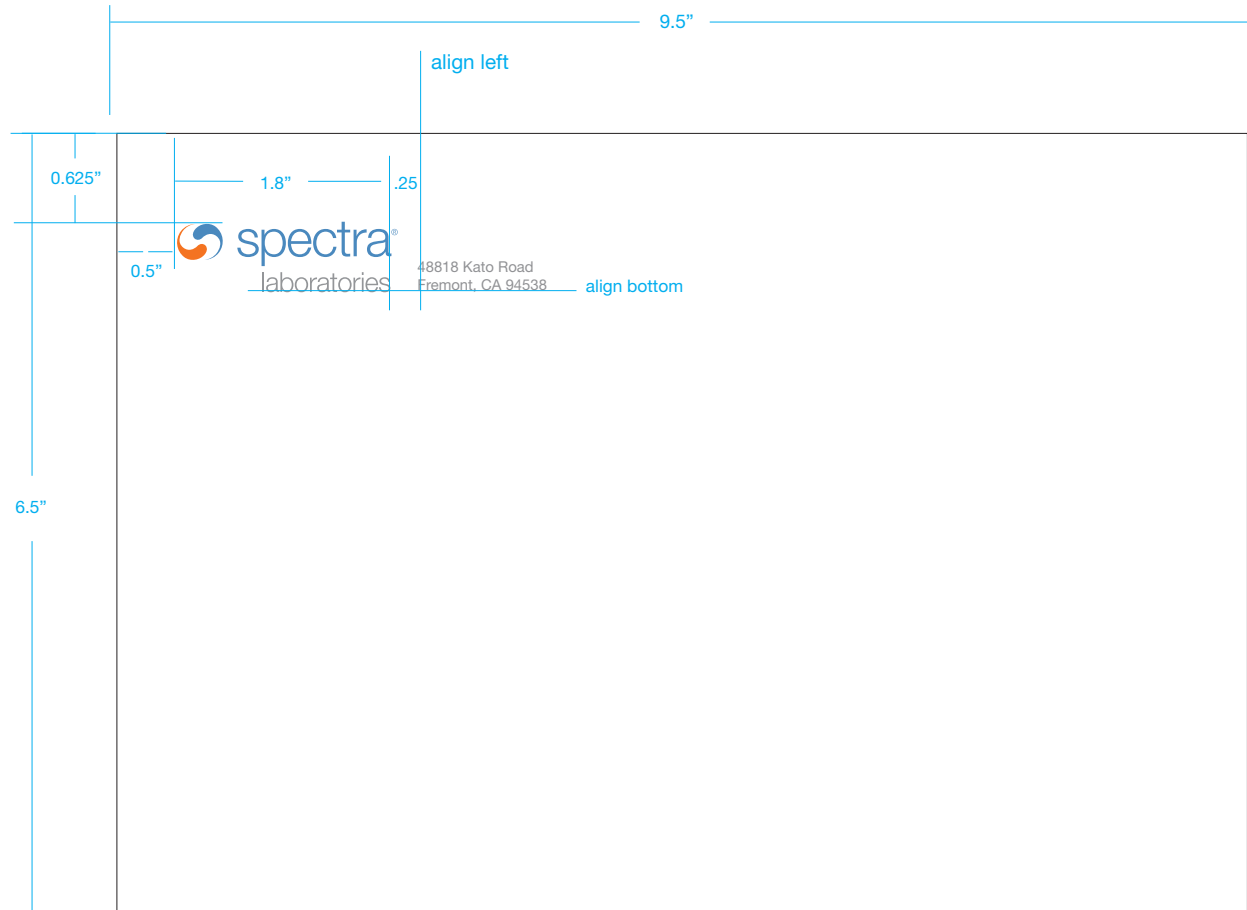
Return Address:

Helvetica Neue Regular 9 pt. leading 11 pt.

Align left

**Size:**

9.5" x 6.5"



**Logo Colors:**

Orange: Pantone 1665 U

Blue: Pantone 646 U

Gray: Pantone Cool Gray 9 U

**Font:**

Return Address:

Helvetica Neue Regular 8 pt. leading 11 pt.

Align left

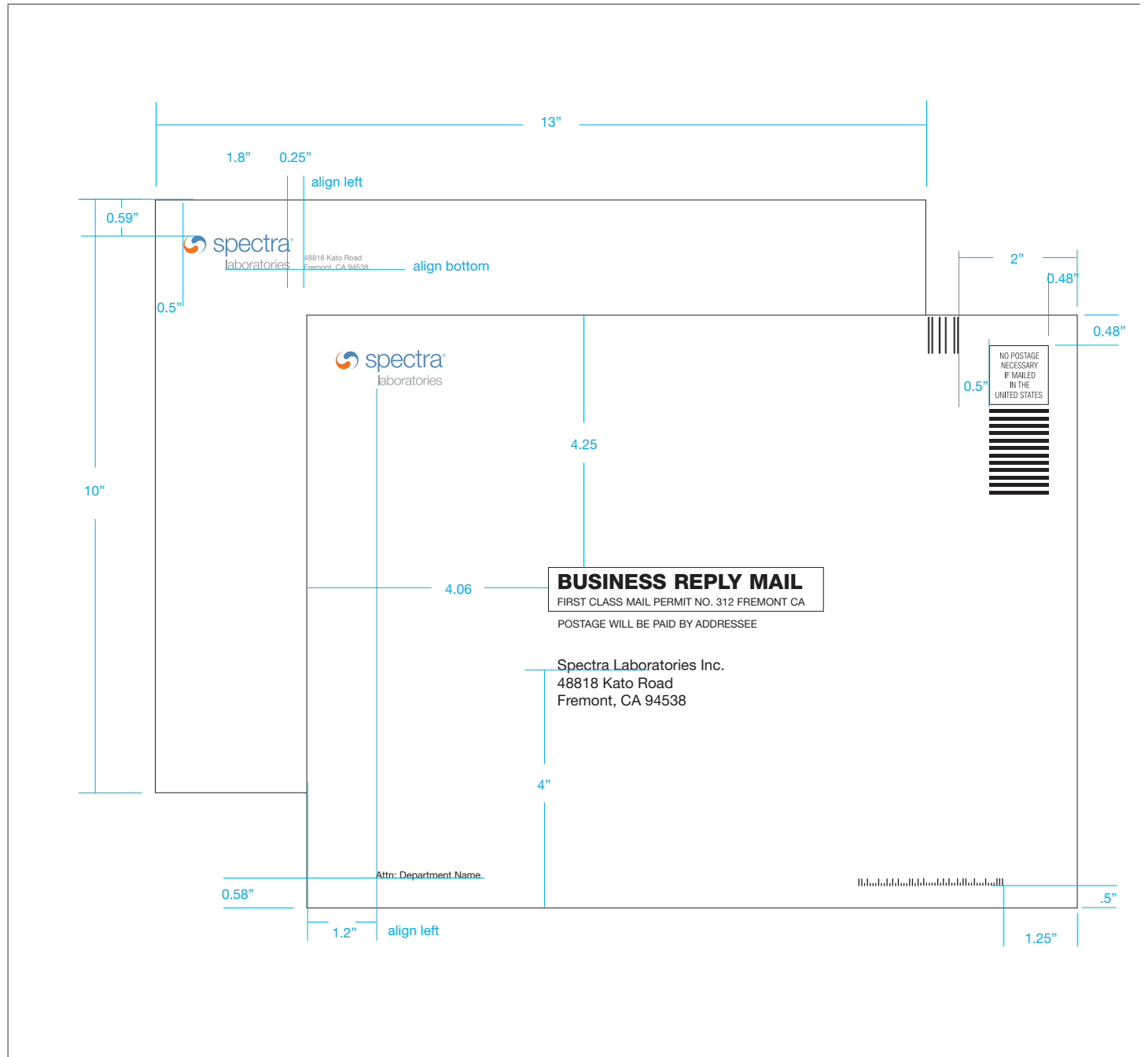
Address:

Helvetica Neue Regular 9 pt. leading 11 pt.

Align left

**Size:**

13" x 10"



**Logo Colors:**

- Orange: Pantone 1665 U
- Blue: Pantone 646 U
- Gray: Pantone Cool Gray 9 U

**Acceptable Fonts:**

Default Sans Serif, Verdana and Arial.  
Under no circumstances is Comic Sans or Times New Roman allowed.

**Address:**

Font size: 8 pt. leading 11 pt.  
Align left

**Body Text:**

Acceptable font size: 10 pt.–12 pt.  
Align left

**Document Title:**

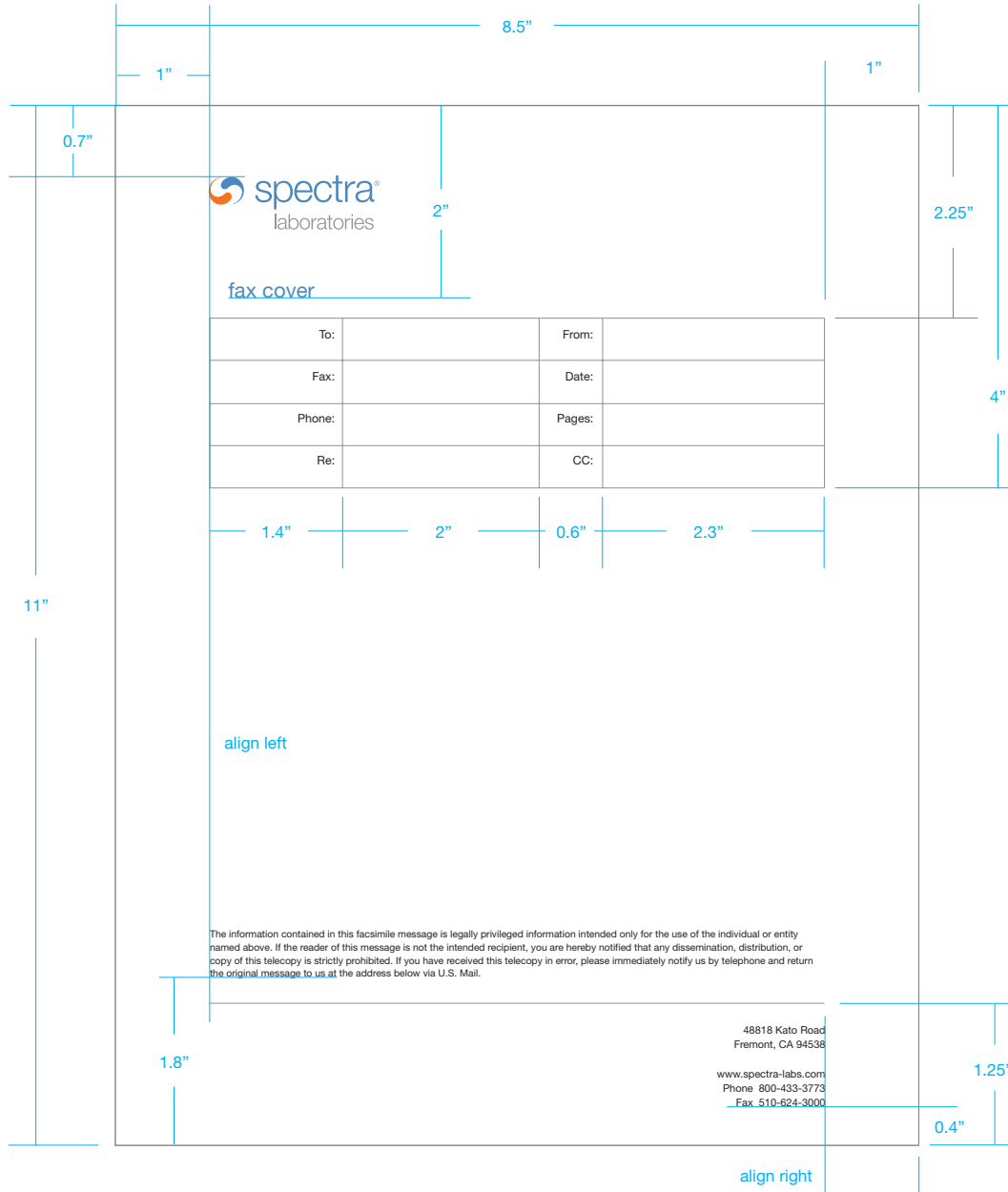
Verdana Regular 16 pt.

**Margin:**

Align left below first address block.

**Size:**

8.5" x 11"





**Logo Colors:**

Orange: Pantone 1665 U

Blue: Pantone 646 U

Gray: Pantone Cool Gray 9 U

**Acceptable Fonts:**

Default Sans Serif, Verdana and Arial.  
Under no circumstances is Comic Sans  
or Times New Roman allowed.

**Address:**

Font size: 8 pt. leading 11 pt.

Align left

**Body Text:**

Acceptable font size: 10 pt.–12 pt.

Align left

**Document Title:**

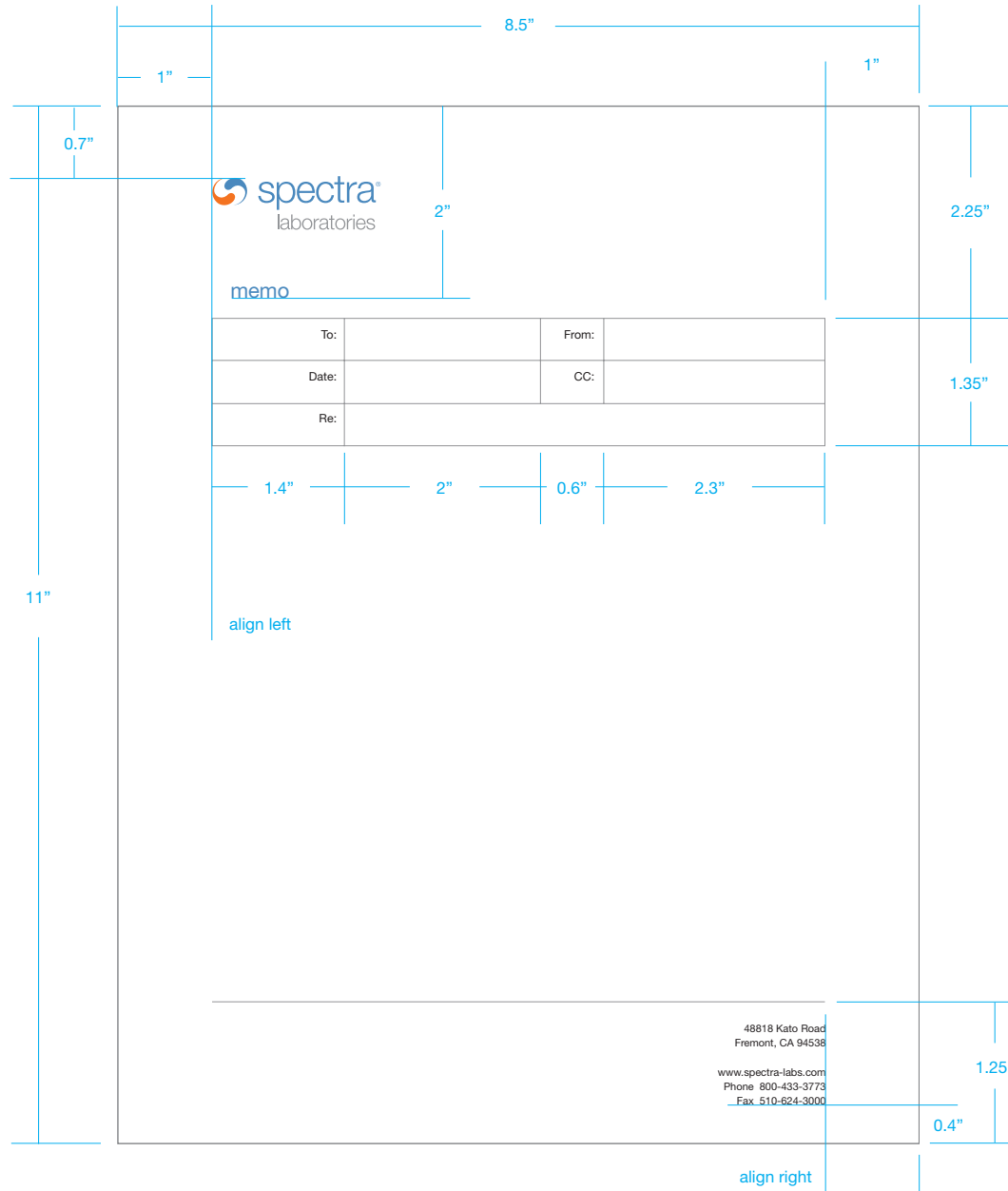
Verdana Regular 16 pt.

**Margin:**

Align left below first address block.

**Size:**

8.5" x 11"



**Logo Colors:**

**4-color Process:**

Blue: C65 + M30 + K11

Orange: M68 + Y100

Gray: K50

**Web Safe Colors:**

Blue: 6699CC

Orange: FF6633

Gray: 999999

**Background Color:**

Blue: C65 + M30 + K11

40% logo over 20% background

**Font:**

Title: Helvetica Neue Bold 38–48 pt.

Subtitle: Helvetica Neue Bold 32–36 pt.

Body Text: Helvetica Neue 24–30 pt.

Acceptable Alternative Fonts:

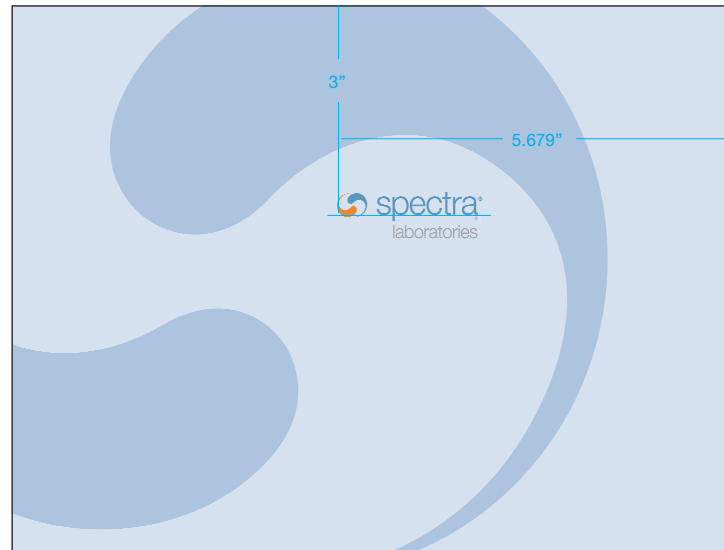
Default Sans Serif, Verdana and Arial.

Under no circumstances is Comic Sans or Times New Roman allowed.

**Document Size:**

10" x 7.5"

Title page



Contents page





**Colors:**

Orange: Pantone 1665 U  
CMYK: C0 + M68 + Y100 + K0

Blue: Pantone 646 C  
CMYK: C65 + M30 + K11

Gray: Pantone Cool Gray 9 U  
51%K

Black: 100%K

Logobug on front: 50% Screen of PMS 1665

**Font:**

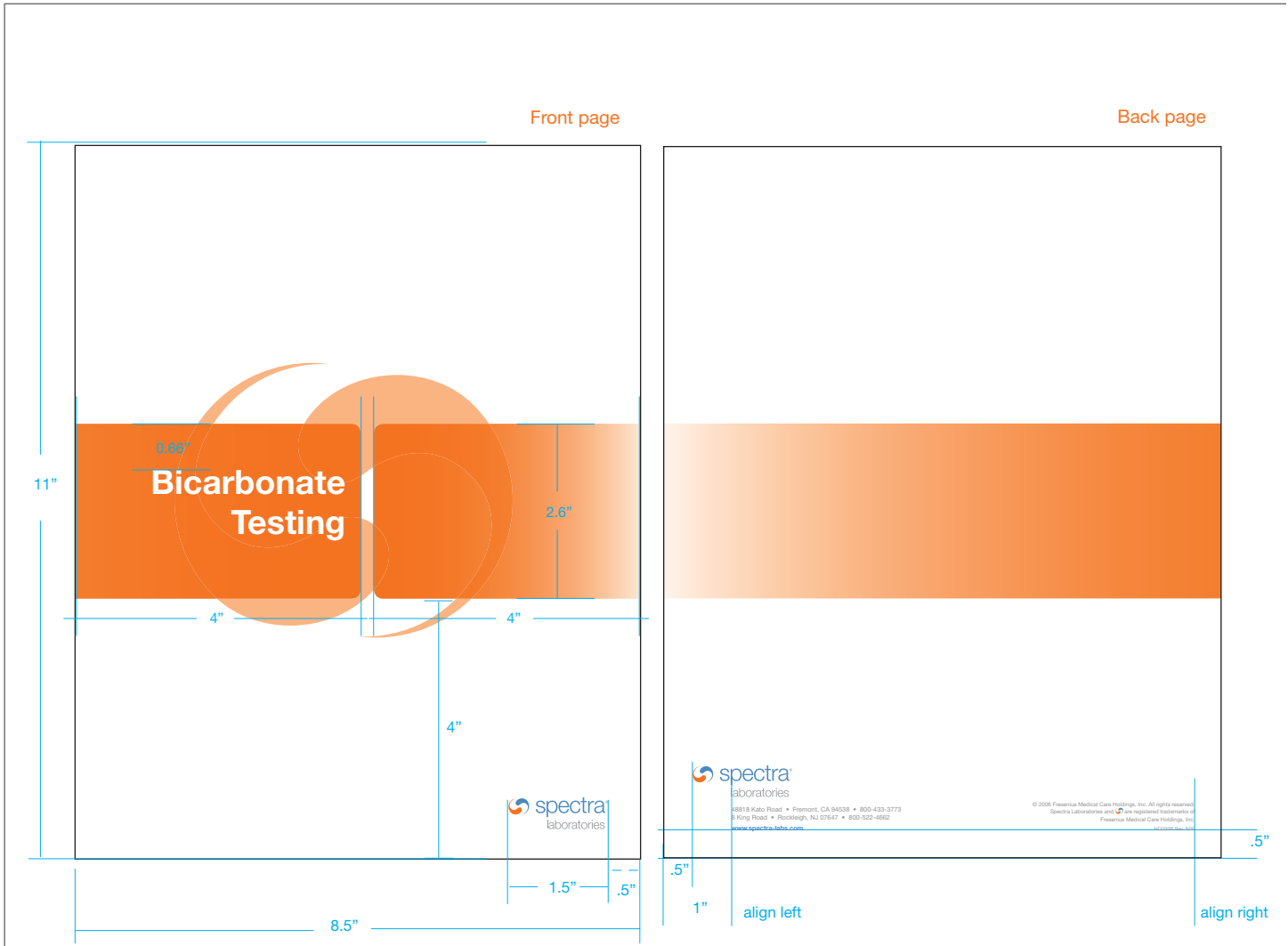
Document Title:  
Helvetica Neue 75 Bold 36 pt. leading 43 pt.

Address Text:  
Helvetica Neue 55 Roman 7 pt. leading 8.5 pt.

Copyright Text:  
Helvetica Neue 55 Roman 6 pt. leading 7.2 pt.

**Size:**

8.5" x 11"



**Font:**

Header Text:

Helvetica Neue 75 Bold 10 pt. leading 16 pt.

Body Text:

Helvetica Neue 55 Roman 10 pt. leading 11.5 pt.

White Callout Copy:

Helvetica Neue 55 Roman 9 pt. leading 12 pt.

Copy in Tables:

Headline: Helvetica Neue 65 Medium 9 pt.

Body Copy: Helvetica Neue 55 Roman 8 pt.

3.75"

.5"

.25"

.5"

11"

8.5"

**Partially Filled Container Tubes**

Other studies cite lower bicarbonate values when collection tubes are not completely full (Williams, Zazra). Because the CO<sub>2</sub> dissolved in blood is in equilibrium with the gas in the headspace, the tube should be filled to vacuum capacity to obtain an accurate result. As the headspace above the blood is increased, due to a decreased volume of blood in the tube, the surface to volume ratio increases, resulting in a greater loss of CO<sub>2</sub> from the exposed surface area above the blood, ultimately, creating a reduction in bicarbonate.

Partially filled tubes lose bicarbonate over time, even if not exposed to air.

FULL TUBES n=20			
Hours	0 Hours	4 Hours	10 Hours
Mean	24.3	24.3	23.8
Difference		0.05	-0.45
% Difference		0.2%	-1.9%

% FILLED TUBES n=23			
Hours	0 Hours	4 Hours	10 Hours
Mean	23.3	23.3	21.3
Difference		0.0	-2.0
% Difference		0%	-9%

% FILLED TUBES n=18			
Hours	0 Hours	4 Hours	10 Hours
Mean	23.2	21.4	20.5
Difference		-1.8	-2.7
% Difference		-7.8%	-11.4%

The loss of bicarbonate in partially filled tubes occurs just as the SST stopper is opened. This can mean a reduction of up to 31% of the bicarbonate, compared to only 3% in a full SST (8). Our studies also found that the rate of bicarbonate loss increased in direct proportion to the degree to which the tube is filled. The half filled tube lost an average of 2.3 mEq/L in 30 minutes, while full tubes lost only 0.2 mEq/L over the same time period.

An in-house study was conducted to determine what portion of bicarbonate loss is due to partially filled SST tubes before the tube has been opened.

Three sets of tubes were collected for each scenario. The 0 hour tubes were tested immediately while the other sets were opened 4 and 10 hours later.

Partially filled tubes may lose bicarbonate due to the residual vacuum in the tubes, the greater volume of air in the headspace, or the increased surface area to blood volume ratio.

Bicarbonate results are the most accurate when the correct amount of blood is collected for the SST tube.

0.75"

.5"

Inside Spread

3"

**High Surface to Volume Ratio**

When partially filled SST containers enter the laboratory, they cannot immediately be placed on the automated instrumentation because the analyzer's probe may come in contact with the gel or the clot. As a result, the samples must be poured into smaller cups for testing. These sample cups have a considerably greater surface to volume ratio and tend to lose bicarbonate more quickly. The laboratory typically receives 5% - 6% of all SST partially filled. This is not a problem unless bicarbonate is ordered.

Although every effort is made to ensure the accuracy of the bicarbonate level, studies have confirmed that partially filled SSTs require aliquoting and may have between 2.5 and 3.0 mEq/L lower values than do full tubes that do not require manual aliquots (Table 4). This is borne out consistently in summary data comparing partially filled aliquoted samples compared to full SST containers tested directly from the source tube.

Over a four month period, 157,529 SST containers were received in the laboratory for bicarbonate testing. The difference between the mean of the partially filled tubes, requiring aliquoting (21.3 mEq/L), and SST containers tested directly from the patient sample (24.3 mEq/L) is 3.0 mEq/L.

ALIQOT VS. DIRECT TUBE		MONTH 1	MONTH 2	MONTH 3	MONTH 4
Aliquoted	Count	2,063	2,202	2,165	1,955
	Average	21.4	21.3	21.8	20.8
Direct	Count	36,976	37,268	36,885	36,404
	Average	24.2	24.3	24.3	24.2
Total Count		39,823	40,297	39,050	38,359
Total Average		24.0	24.1	24.1	24.0
Percent Aliquots		5.2%	5.5%	5.5%	5.1%

**Quality Assurance Program**

The Clinical Laboratory Improvement Act of 1988 (CLIA '88) mandated that proficiency testing be part of the laboratory's accreditation process. Spectra Laboratories participates in both the New York State Department of Health Proficiency Testing Program and the College of American Pathologists Proficiency Surveys Program. The laboratory's Quality Assurance Program includes ongoing monitoring, evaluation and review of activities focused on the pre-analytic, analytic and post-analytic aspects of the laboratory operations.

The CAP statistics demonstrate that differing instrumentation and laboratory methods can produce different values from the same reference sample. It is also important to note that although a proficiency sample may not behave exactly as a patient sample, the survey results are indicative of general differences that can be observed with actual patient samples.

**Colors:**

Orange: Pantone 1665 U  
 CMYK: C0 + M68 + Y100 + K0

Blue: Pantone 646 C  
 CMYK: C65 + M30 + K11

Gray: Pantone Cool Gray 9 U  
 51%K

Black: 100%K

Logobug on front: 50% Screen of PMS 1665

**Font:**

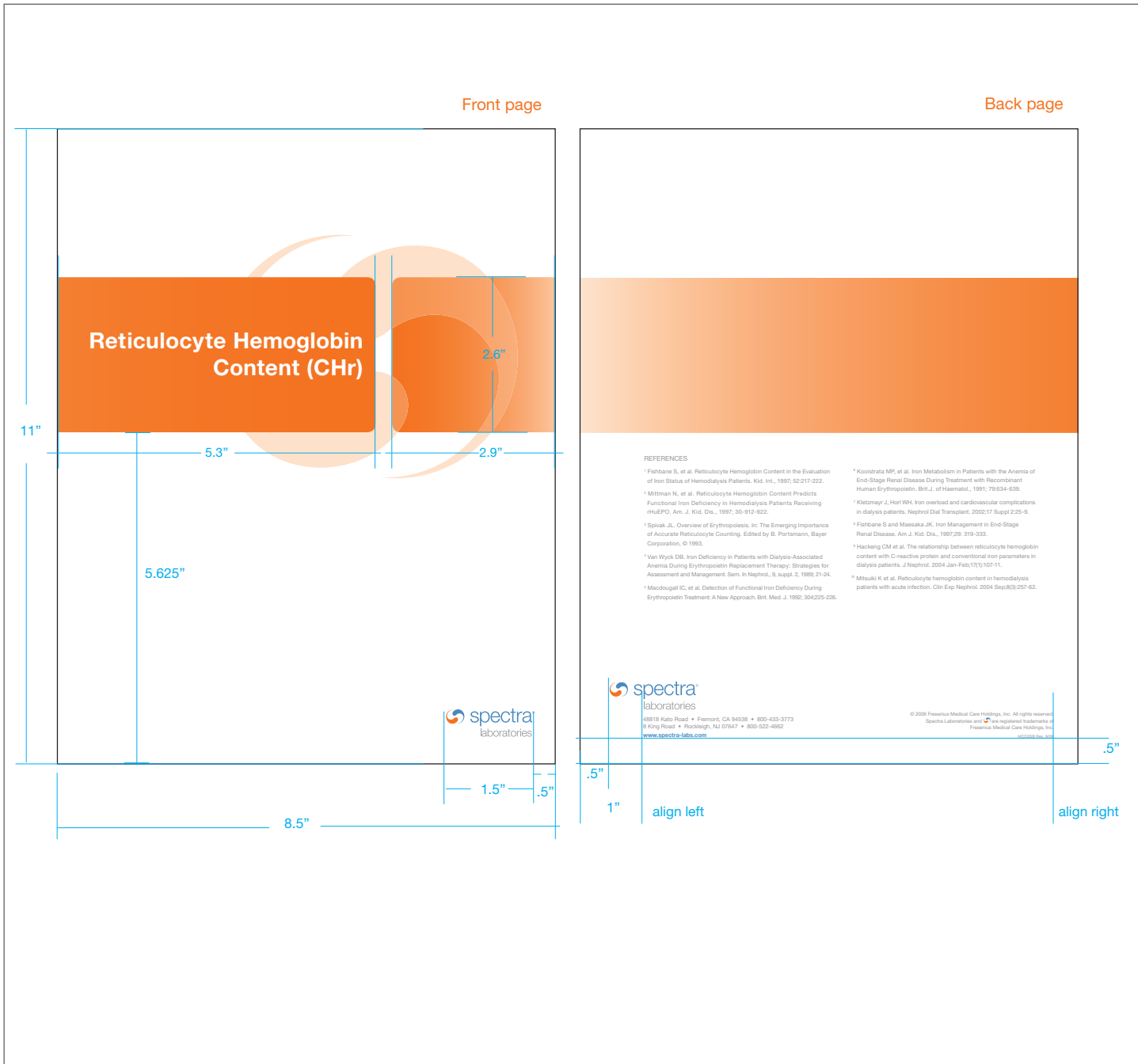
Document Title:  
 Helvetica Neue 75 Bold 36 pt. leading 43 pt.

Address Text:  
 Helvetica Neue 55 Roman 7 pt. leading 8.5 pt.

Copyright Text:  
 Helvetica Neue 55 Roman 6 pt. leading 7.2 pt.

**Size:**

8.5" x 11"



**Font:**

Header Text:  
Helvetica Neue 75 Bold 24 pt.

Body Text:  
Helvetica Neue 55 Roman 10 pt. leading 13 pt.

Gray Bullet Point Text:  
Helvetica Neue 55 Roman 13 pt. leading 17 pt.

White Callout Copy:  
Helvetica Neue 55 Roman 13 pt. leading 17 pt.

Inside Spread

7.5"

## .5" A Test for Diagnosing Iron Deficiency

- CHr is a hematology test which measures the hemoglobin content of reticulocytes (immature red blood cells).
- CHr is an early, direct measurement of iron utilization for erythropoiesis (red blood cell production).
- CHr is reported to have greater sensitivity and specificity for diagnosing iron deficiency than traditional iron measurements.<sup>3</sup>

Reticulocyte hemoglobin content (CHr) measures the amount of hemoglobin in reticulocytes. Reticulocytes are the most immature red blood cells found in circulation in the human body. They exist in circulation for only a day or two before becoming fully mature red blood cells. The stages of red blood cell maturation are shown in Figure 1.

Measurement of the reticulocyte hemoglobin content provides a snapshot of the iron directly available for hemoglobin synthesis and is an early indicator of the body's iron status.

**Relevance in Kidney Disease**

Effective management of anemia in dialysis patients is enhanced by close monitoring of iron status or treatment of iron deficiency.

Patients may become iron deficient before treatment due to bleeding, hemodialysis treatment related blood loss and poor nutrition.<sup>2</sup> After treatment with erythropoietin (EPO), some patients may develop functional iron deficiency. This is a state in which tissue iron stores are adequate (or even excessive) while hemoglobin synthesis is limited by an inability of the iron transport system to mobilize stored iron at a rate adequate to keep up with the demand.<sup>2</sup>

Recognizing functional iron deficiency is important because patients with this condition will have a sub-optimal response to EPO therapy, requiring a higher dose to achieve equivalent hemoglobin levels.<sup>3</sup> Providing additional (IV) iron for these patients may enhance their response, thus potentially reducing their EPO requirement. Providing iron to patients who are not functionally iron deficient and will not benefit from the additional iron only increases the risk for iron overload and its associated comorbidities.<sup>3</sup>

The most common tests used to assess iron status are transferrin saturation (calculated from the serum iron and iron binding capacity) and ferritin. These tests may sometimes be difficult to interpret in dialysis patients. Both ferritin and transferrin saturation may be affected by factors that are unrelated to iron status such as infection and inflammation.<sup>3</sup>

0.75"

The CHr test provides an early, direct measurement of the available iron utilized in red blood cell production.

CHr is also affected by inflammation, but not to the extent seen on transferrin saturation and ferritin. Furthermore, both of these tests provide indirect information regarding the amount of iron available in the bone marrow for erythropoiesis.

CHr has greater sensitivity and specificity for diagnosing iron deficiency than traditional iron measurements. Fishbane reported that patients with CHr values less than 26 pg are iron deficient and these patients' reticulocyte counts are likely to increase in response to an IV bolus of iron dextran.<sup>3</sup> At a level of 26 pg, CHr has a sensitivity of 100% and a specificity of 80% in diagnosing iron deficiency. In contrast, transferrin saturation values of less than 20% and ferritin values of less than 100 ng/mL had sensitivities of 57.1% and 71.4%, respectively. In similar studies, Mittman et al. demonstrated comparable, if less dramatic, results using CHr < 28 pg as a reference point, but with a lower sensitivity and specificity than Fishbane reported.<sup>7</sup> Sixty percent (60%) of the patients in this study who had desirable values for ferritin and transferrin saturation demonstrated substantial increases in CHr following iron dextran infusion. This would indicate that these patients were in fact functionally iron deficient despite having "normal" values for the traditional iron measures.

If iron stores are low, any reticulocytes produced may have low hemoglobin content (hypochromia). The reticulocyte count is an important adjunct to the CHr measurement. While reticulocytes indicate the adequacy of red blood cell production as a response to EPO, the CHr level indicates actual red blood cell hemoglobin content.

**Test Methodology**

The test methodology used to measure CHr is flow cytometry. The cellular hemoglobin content of the reticulocytes is measured on a per cell basis by dual angle light scatter and the mean is reported as the CHr.

**Specimen Collection**

Refer to your laboratory's Reference Guide or Directory of Services. In general, 2 mL of whole blood in a lavender top tube is required. Specimens should be collected and handled carefully, especially when collecting from a central venous catheter.

**To ensure accurate results:**

- Obtain samples before the initiation of dialysis.
- Avoid contaminating blood with heparin or saline.
- Use luer adapter to collect specimen directly into lavender top tube – avoid using syringes.
- Be sure to mix samples by gently inverting 5 times after collection.
- Refrigerate specimens promptly while awaiting shipment. Do not freeze.

**Interpretation of Results**

The normal limits for CHr are: 24.5 – 31.8 pg. Values of less than 26 pg may be indicative of iron deficiency in dialysis patients.

**Factors Which May Influence CHr**

- Changes in EPO dose<sup>1</sup>
- Administration of IV iron<sup>2</sup>
- Infection and/or inflammation<sup>3,10</sup>

8.5"

1.5"

Reticulocyte Hemoglobin Content (CHr)

**Colors:**

Blue: Pantone 646 U  
C65 + M30 + K11

Orange: Pantone 1665 U  
M68 + Y100

Gray: Pantone Cool Gray 9 U  
50%K

Black: 100%K

Logobug on front: 25% Screen of PMS 646

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Body Text:

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Address Text:

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Copyright Text:

Helvetica Neue 55 Roman 6 pt.

**Size:**

Finished size 9" x 9" bifold. Flat size 27" x 9"

**Back Cover** | **Cover**

1.375" | 0.5" | 0.25" | 0.75" | 2.225" | 1.5" | 3.25" | 9.0" | 2.9" | 0.95" | 2" | 0.2" | 0.5" | 0.5" | 0.5" | 1.0" align left | 18.0" | 3.75" | 3.05"

**Infrastructure for Service**  
As a subsidiary of Fresenius Medical Care, the world's largest vertically integrated dialysis service provider, Spectra Laboratories is equipped to provide comprehensive testing, analysis and reporting with the highest level of innovation and service.

**State-of-the-art laboratories in Fremont, California and Rockleigh, New Jersey**

- High volume testing capacity through automation and information technology
- Over 41 million tests performed each year

**Commitment to Compliance**

- Spectra conducts regular trainings and audits to evaluate compliance with all applicable laws and standards

**Accreditations & Certifications\***

Spectra Laboratories adheres to the most stringent regulatory standards in the industry through various certifications and accreditations:

- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- College of American Pathologists (CAP)
- Clinical Laboratory Improvement Amendments (CLIA)
- California Clinical Laboratory License
- New York State Environmental Laboratory Approval Program (ELAP)

\*Complete listing of accreditations and licenses is available at [www.spectra-labs.com](http://www.spectra-labs.com)

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3 King Road • Rockleigh, NJ 07847 • 800-522-4862  
[www.spectra-labs.com](http://www.spectra-labs.com)

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HGA1006-000-000

the service you need,  
for the care your patients deserve

**spectra laboratories**



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10% PMS 646

**Font:**

Header Text:  
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Body Text:  
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**Size:**

Finished size 9" x 9" bifold. Flat size 27" x 9"

**1.375"** **1.375"** **1.0"** **3.4"** **18.0"** **9.0"** **0.25"** **Inside Spread**

Spectra Laboratories is the leading provider of renal-specific testing services, serving hundreds of dialysis clinicians and their patients nationwide. Leveraging more than 25 years of experience and state-of-the-art laboratories, Spectra provides reliable test results with rapid turnaround time.

We constantly evaluate our services, looking for ways to enhance and streamline our processes. Our commitment to continuous innovation ensures we deliver reliable results on time to enhance patient outcomes.

**Delivering renal-specific testing, analysis and reporting with the accuracy and efficiency clinicians require.**

**Comprehensive Testing Services**  
Tests spanning a wide range of specialties, including:

- Chemistry
- Hematology
- Immunochemistry
- Microbiology
- Peritoneal Equilibration Testing (P.E.T.)
- Prothrombin Time Testing with Heparin Extraction
- Serology
- Aluminum
- I-PTH
- Therapeutic Drugs
- Water & Dialysate (including AMMI, LAL and Ultrapure testing)
- Hepatitis and Confirmatory Tests
- Anemia Testing (including CHr)

**Dialysis Calculations for Quality Assessment of Therapy**

- Urea Reduction Rate (URR)
- Kinetics—quick, full and actual KT/V
- Pediatric Calculations

**Accurate & Reliable Analytical Techniques**  
Extensive reviews are conducted for all laboratory results

- Results are reviewed by a Certified Medical Technologist
- All critical results are confirmed by repeat analysis
- Repeat tests are performed if results fall outside specific testing criteria

**Rapid Reporting of Results**

- State-of-the-art instrumentation automates the processing of specimens—providing a 24-hour turnaround time for most results from the time specimens are received
- Critical results are reported every two hours

**Avery® Web-based Ordering, Reporting & Data Management Application**  
Avery is the direct link to Spectra Laboratories for ordering tests and managing patient data:

- Simple, intuitive navigation and streamlined data entry
- Easy access to test results as soon as they are released
- Streamlined test ordering process via single-screen access to all functions
- Four-panel result display provides a single source for viewing all patient result information
- Automatic notification of abnormal test results to pagers, cell phones or email
- Automated billing alerts based on applicable Medicare coverage policies
- Fresh approach to patient diagnoses: by disease state rather than by individual clinical

**Avery Desktop Display**

**Colors:**

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C65 + M86 + Y49

Orange: Pantone 1665 C

C68 + M100

Black: 100%K

Spectra Logo

Gray: Pantone Cool Gray 9 U

51%K

Cover Logo Bug

25% PMS 5125

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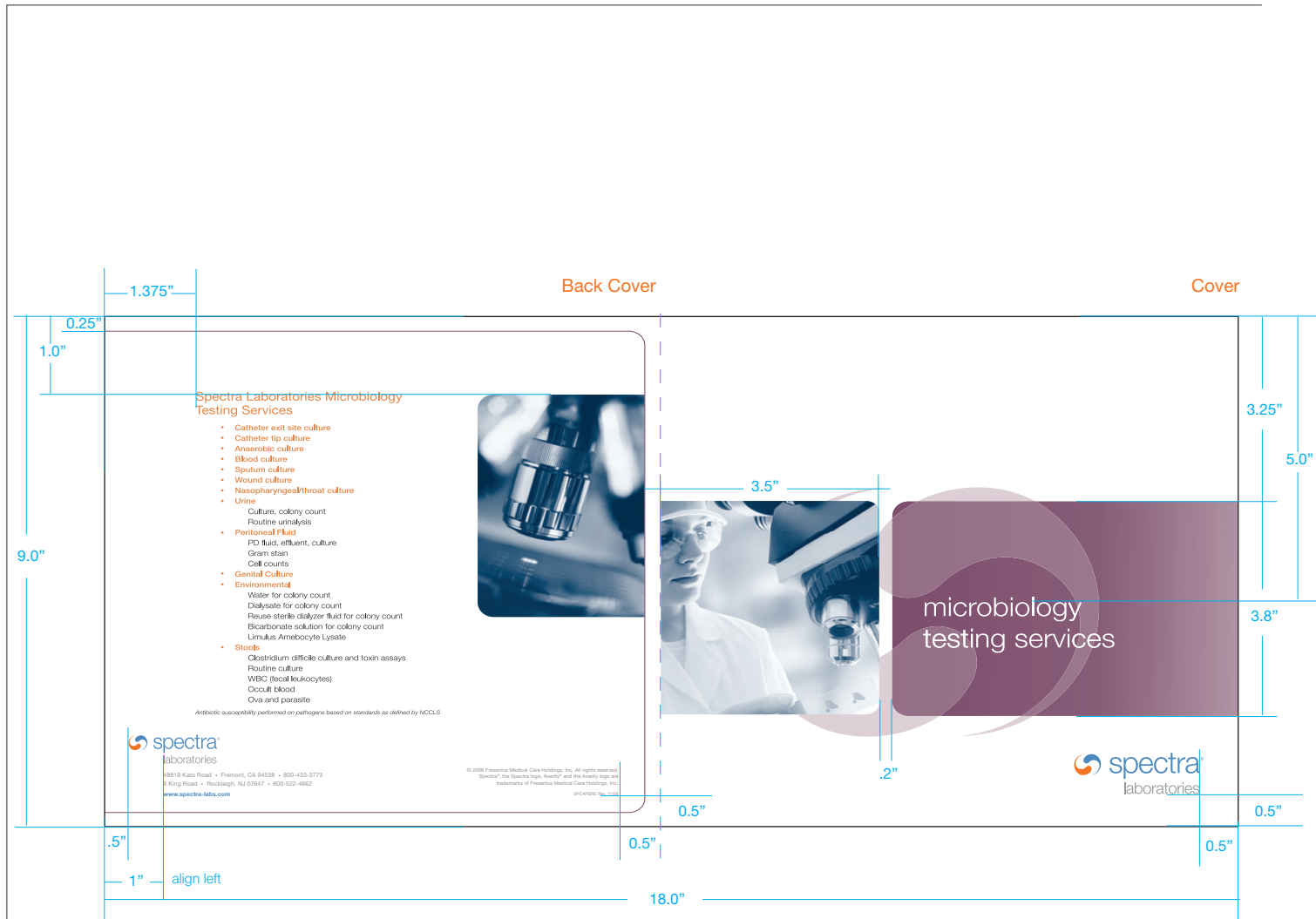
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Logo Bug in Purple Box  
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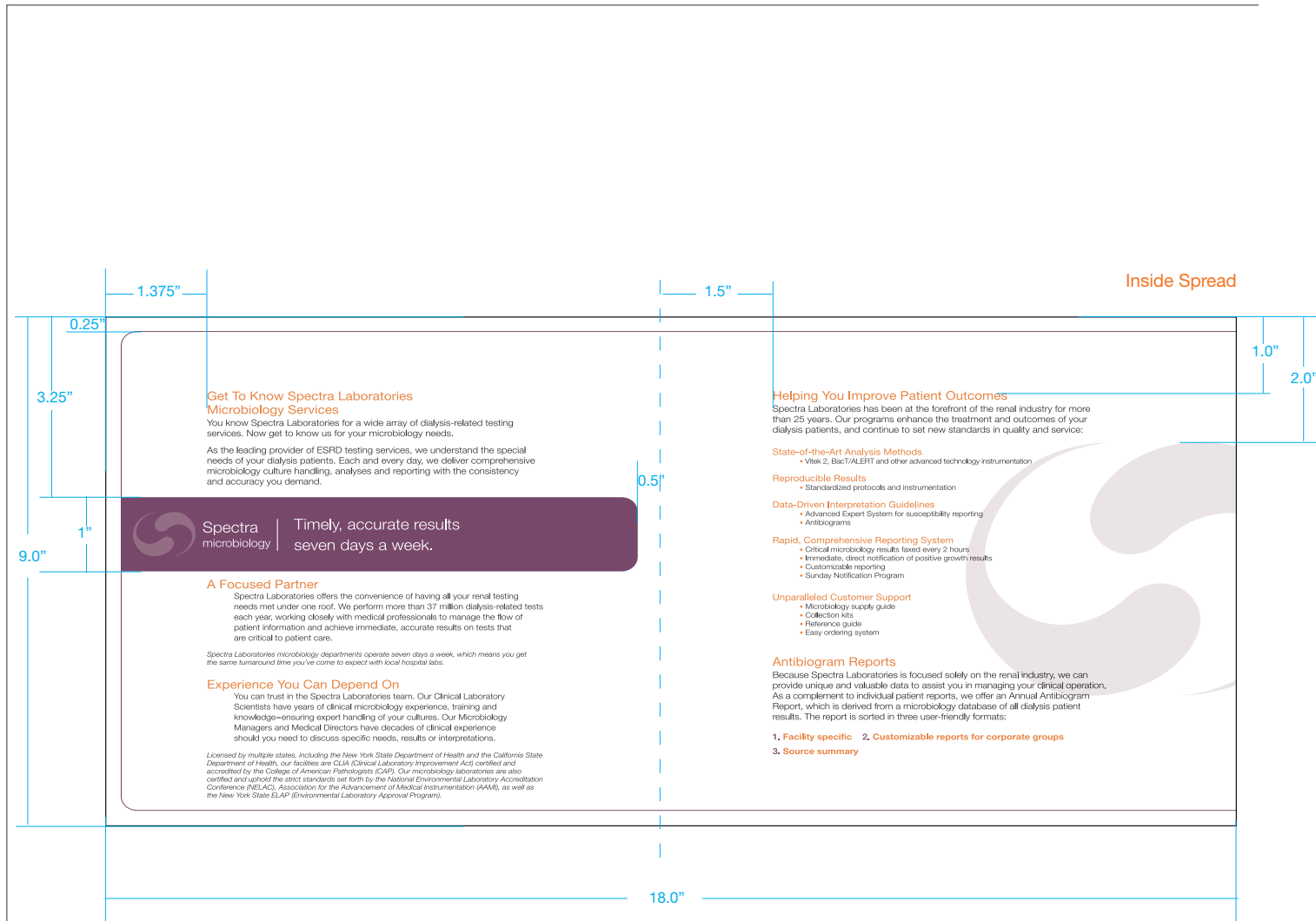
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 CMYK: C0 + M68 + Y100 + K0

Black: 100%K

Spectra Logo  
 Gray: Pantone Cool Gray 9 U  
 51%K

Blue: Pantone 646 U  
 C65 + M30 + K11

Orange: Pantone 1665 U  
 M68 + Y100

Cover Logo Bug  
 25% PMS 492

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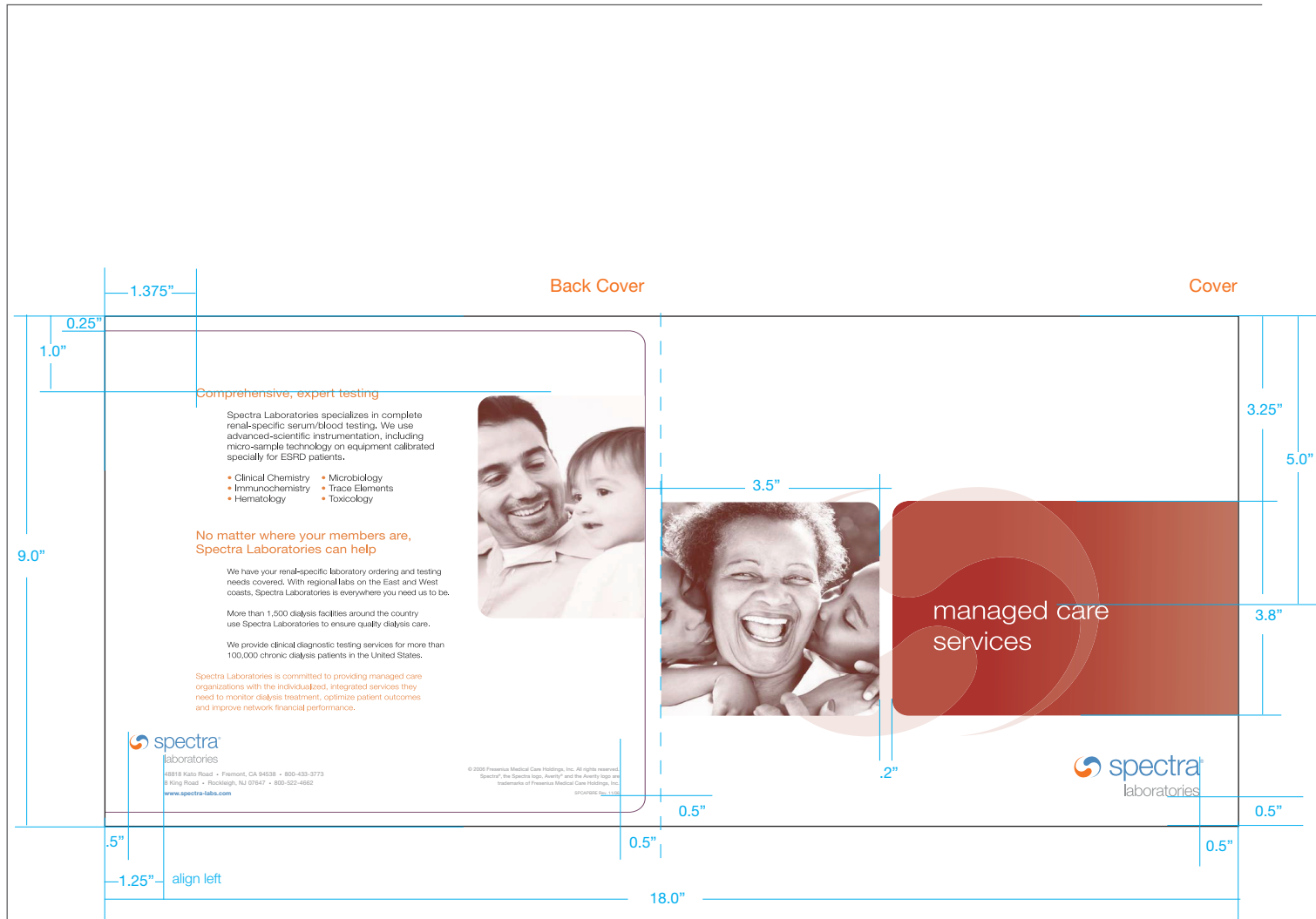
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**Colors:**

Inside Logo Bug  
10% PMS 492

Logo Bug in Rust Box  
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Footer Text:  
Helvetica Neue 45 Light Ital 8 pt. leading 13 pt.

**Size:**

Finished size 9" x 9" bifold. Flat size 27" x 9"

**Inside Spread**

**The Growing Need For Smarter Managed Care Strategies**

The exponential growth of end-stage renal disease (ESRD) – the most expensive chronic disease – is one of the most significant challenges facing managed care organizations today. That’s why Spectra Laboratories, the leading provider of renal-focused laboratory testing since 1981, offers managed care organizations an integrated approach to ESRD management. Our goal is to help improve patient outcomes and reduce overall costs.

**managed care** | **Better renal disease management means healthier members and stronger ROI**

**End Stage Renal Disease: A Chronic Battle**

ESRD is a chronic disease with multiple underlying co-morbidities, such as diabetes mellitus and hypertension. Both are also co-morbidities for cardiac disease. Because all of these conditions can occur in the same patient, ESRD is one of the most complex diseases to manage—and the most costly.

**Rising patient numbers**

Fact: Renal disease patient numbers are growing steadily, at a rate of 10 percent\* per year.

- Explosive growth of ESRD is greatest in older age groups
- Younger adults also represent a fast-growing patient segment due to the rise of obesity

\* HCFA 1996

**Escalating costs for commercial payers**

Fact: The average dialysis patient incurs healthcare costs of \$62,000 per year,\*\* making ESRD the single-most expensive chronic disease to manage.

- Approximately half of this amount is spent on hospitalization – often the result of complications related to underlying co-morbidities
- ESRD patients of retirement age average five days more hospitalization per year\*\*\* than non-ESRD retirees

**Hospitalization ESRD vs Non ESRD United States**

Days/Year

Legend: ■ ESRD Patients > 65yr, ■ Non ESRD Patients > 65yr

Burgeoning ESRD expenditures greatly affect overall network financial performance, driving a need for proactive strategies that improve patient outcomes and reduce costs without recurrent capital investment.

**Quality clinical data critical to ESRD care**

Fact: Dialysis is a form of artificial life support. Without treatment, ESRD is fatal.

The chronic illness and ongoing treatment of dialysis patients necessitate regular testing and monitoring to maintain health; typically, this entails 30-40 laboratory tests each month.

By providing adequate dialysis treatment and monitoring key clinical indicators of dialysis quality, providers may be able to reduce morbidity by 30 percent and decrease mortality by more than 35 percent.

\*\* HCFA 1996 \*\*\* USRDS 1998

**Colors:**

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Background:  
(15% of ) C0 + M68 + Y100 + K0

**Font:**

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Address Text:  
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Helvetica Neue 55 Roman 7.76 pt.  
leading 11 pt.

**Size:**

11" x 22"

INSIST on Good Diagnostic Specimen Preparation for Quality Results

**INVERT** Gently, DO NOT SHAKE TUBES.

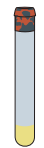
**NOTE** Any special handling (i.e. freezing).

**STAND** Serum Separator Tube (SST) to clot 30 minutes, no longer than 60 minutes.

**INSPECT** Tubes before centrifugation to ensure a clot has formed.

**SPIN** Centrifuge according to manufacturers' recommendation to obtain separation.


**TRANSPORT** Refrigerate/freeze samples as required. Follow shipping procedures.\*



**Serum Separator Tube (Tiger Top)**


- Allow tube to fill to capacity
- Gently invert tube 5 times to mix clot activator with blood.
- Stand tube upright in the test tube rack to clot 30 minutes, no longer than 60 minutes.
- Centrifuge according to manufacturers' recommendation to obtain separation.
- Refrigerate (36°-46°F).

**Good Separation**




The gel separator is firmly wedged against the sides of the tube to form a complete barrier.

**Unspun SST**




The serum is at the bottom of the tube. Unspun clotted blood remains on the top of the gel.

**Incomplete Separation**




The serum is not completely separated from the red cells after centrifugation according to manufacturers' recommendation.\* Re-centrifuge or consider recollection at next dialysis treatment.

**Fibrin in Serum**



Fibrin formation in the serum results from not allowing the specimen to clot before centrifugation. If fibrin is seen, re-centrifuge. Presence of trapped red cells in the fibrin will adversely affect the test results.\*


**Hemolysis**



If the serum appears pink (hemolyzed) after centrifugation, consider recollection of the specimen at next dialysis treatment.

\*Some results are adversely affected by red cells in the serum or fibrin. Allow a longer time for blood to clot before centrifuging.


**Royal Blue Tube**



Trace metal free tube for Aluminum and Zinc

- Allow tube to fill to capacity.
- Refrigerate (36°-46°F).


**Gold Tube**



For POC Samples, label tube with Post Sample barcode label

- Allow tube to fill to capacity.
- Gently invert tube 5 times to mix clot activator with blood.
- Stand tube upright for 30 minutes, no longer than 60 minutes.
- Centrifuge according to manufacturers' recommendation to obtain separation.
- Refrigerate (36°-46°F).


**Lavender Tube**



For hematology tests, (CBC, HGB, etc.), Intact PTH, Hemoglobin A<sub>1c</sub>, ABO & Rh, RBC Folate\*

- Allow tube to fill to capacity.
- Gently invert tube 5 times to mix anticoagulant with blood to prevent clotting.
- Refrigerate (36°-46°F).

**Light Blue Tube**



For PT/INR, APTT

- Allow tube to fill to capacity.
- Gently invert tube 5 times to mix anticoagulant with blood to prevent clotting.
- Refrigerate (36°-46°F).

\* RBC Folate requires two Lavender tubes. For the first Lavender tube, follow steps 1 & 2 above and freeze tube immediately. For the second Lavender tube for HCT, follow steps 1, 2 & 3 above.

**Order of Draw for Multiple Tube Collections**

Cap Color	Collection Tube
	Gel Separator Tube
	Serum (plastic tube)
	Serum (glass tube)
	Citrate
	Gel Separator Tube with Heparin
	EDTA
	Gel Separator Tube

**How to Prepare a Quality Serum Sample**

**Invert**

- Gently invert tube 5 times to mix clot activator with blood.


**Clot**

- Stand tube upright in test tube rack to clot for 30 minutes and no longer than 60 minutes.
- Observe dense clot.

**Centrifuge**

- Balance the tube in centrifuge and spin according to manufacturers' recommendation to obtain separation.
- Barrier will form, separating specimen from clot.
- Package and ship to Spectra in accordance with shipping protocol.

\* When shipping specimens on Friday, it is necessary to select the Saturday Delivery option on the airbill and apply a Saturday Delivery shipping label on the outside of the box to avoid delays in testing.



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**Colors:**

Header:

C65 + M86 + Y49 + K0

Background:

(15%) C65 + M86 + Y49 + K0

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Address Text:

Helvetica Regular 9 pt. leading 13 pt.










Copyright Text:

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leading 11 pt.

**Size:**


11" x 22"

**Supply Guide for Microbiology Services**

<p><b>BLOOD CULTURE BOTTLES (Set of 2)</b></p>  <p><b>Use:</b> • Blood • Blood Fungus • PD Effluent • Body Fluid • PD Effluent Fungus</p> <p><b>Fill:</b> 10 mL</p> <p><b>Preparation:</b> Affix a unique barcode to each set of blood culture bottles. Hold at room temperature. <b>DO NOT REFRIGERATE.</b></p> <p><b>Shipping:</b> Refer to Blood Culture Packaging instructions. Ship without ice packs.</p>	<p><b>WOUND CULTURE SWAB</b></p>  <p><b>Use:</b> • Wound Culture • Throat Culture • Anaerobic Culture • KOH Prep • Catheter Exit Site • Genital Culture • Fungal Culture • Gram Stain</p> <p><b>Preparation:</b> Affix a unique barcode to swab container. Hold at room temperature.</p> <p><b>Shipping:</b> Place swab in diagnostic specimen tray and ship with other specimens.</p>	<p><b>NASAL CULTURE SWAB</b></p>  <p><b>Use:</b> • Nasopharyngeal • Rule Out Staph. Aureus • Nasopharyngeal • Rule Out Pseudomonas</p> <p><b>Preparation:</b> Affix a unique barcode to swab container. Hold at room temperature.</p> <p><b>Shipping:</b> Place swab in diagnostic specimen tray and ship with other specimens.</p>
<p><b>URINE COLLECTION AND TRANSPORT KIT</b></p>  <p><b>Use:</b> • PD Fluid Chemistries • Urine Creatinine Clearance • Dialysate Electrolytes • Urine Urea Clearance • Environmental Colony Counts • KOH Prep • Gram Stain • Urinary Colony Count (Follow Ultrasure preparation and shipping instructions below)</p> <p><b>Fill:</b> Follow instructions on kit package.</p> <p><b>Preparation:</b> Affix a unique barcode to the yellow top conical tube. Transfer collected specimen to yellow top conical tube. Refrigerate (36°-40°F). Send only the yellow top conical tube and dispose of collection cup as a contaminated sharp.</p> <p><b>Shipping:</b> Place yellow top conical tube in diagnostic specimen tray and ship with other specimens.</p> <p><b>Ultrasure Preparation:</b> For Ultrasure colony count testing, please submit the entire collection cup containing at least 100 mL of dialysate.</p> <p><b>Ultrasure Shipping:</b> When shipping Ultrasure colony count samples, tighten cap securely. Place container in plastic bag and ship with other specimens.</p>	<p><b>URINE COLLECTION AND TRANSPORT KIT</b></p>  <p><b>Use:</b> • Urine Culture Only</p> <p><b>Fill:</b> Follow instructions on kit package.</p> <p><b>Preparation:</b> Affix a unique barcode to the gray top tube. Transfer collected specimen to gray top tube. Refrigerate (36°-40°F). Send only the gray top tube and dispose of collection cup as a contaminated sharp.</p> <p><b>Shipping:</b> Place gray top tube in diagnostic specimen tray and ship with other specimens.</p>	<p><b>URINE COLLECTION AND TRANSPORT KIT</b></p>  <p><b>Use:</b> • Urinalysis Only</p> <p><b>Fill:</b> Follow instructions on kit package.</p> <p><b>Preparation:</b> Affix a unique barcode to the yellowcherry-red top conical tube. Transfer the collected specimen to yellowcherry-red top conical tube. Refrigerate (36°-40°F). Send only the yellowcherry-red top conical tube and dispose of collection cup as a contaminated sharp.</p> <p><b>Shipping:</b> Place yellowcherry-red top conical tube in diagnostic specimen tray and ship with other specimens.</p>
<p><b>STOOL CULTURE KIT</b></p>  <p><b>Use:</b> • Stool Culture Only</p> <p><b>Preparation:</b> Affix a unique barcode to the bottle. Hold at room temperature.</p> <p><b>Shipping:</b> Tighten cap securely. Place in plastic bag and ship with other specimens.</p>	<p><b>OCCULT BLOOD CARD</b></p>  <p><b>Use:</b> • Stool for Occult Blood</p> <p><b>Preparation:</b> Affix a unique barcode to each card. Hold at room temperature. Multiple samples each require a unique barcode and order.</p> <p><b>Shipping:</b> Place card in plastic bag and ship with other specimens.</p>	<p><b>OWA and PARASITE TRANSPORT KIT</b></p>  <p><b>Use:</b> • Stool for Ova and Parasite Exam Only</p> <p><b>Preparation:</b> Affix a unique barcode to each bottle. Hold at room temperature.</p> <p><b>Shipping:</b> Tighten cap securely. Place in plastic bag and ship with other specimens.</p>

**Important Information:**

1. Prior to specimen collection, check the expiration date on all supplies. Note that tubes expire the last day of the expiration month.
2. Each specimen should be clearly labeled with patient's name and a unique barcode. Blood Cultures (aerobic/anaerobic set) require the same barcode on both bottles.
3. A separate microbiology order should be completed and submitted with each microbiology specimen.
4. Contact Customer Service for special collection supplies and instructions when collecting specimens for: C. Difficile Culture and Toxin Assays.
5. When shipping specimens on Friday, it is necessary to select the Saturday Delivery option on the shipping airbill and apply a Saturday Delivery label on the outside of the box.



laboratories

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Background:

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leading 11 pt.

**Size:**

11" x 22"

**Specimen Guide for Peritoneal Dialysis Fluid Testing**

**PD K/V, CREATININE CLEARANCE**

**PD FLUID TESTING**

**PERITONEAL EQUILIBRATION TEST (PET)**

**PERITONEAL FUNCTION TEST (PFT) (No calculations)**

**Urine Collection Devices**

**URINE HAT & URINE JUG**

**URINE COLLECTION AND TRANSPORT KIT**

**Use:** Female/Male urine collection devices for timed specimen

**Note:** Keep all collected urine refrigerated during collection time.

**Use:** PD Fluid, Urine Chemistry

**Preparation:** Affix a unique barcode to the yellow top conical tube. Transfer collected specimen to yellow top conical tube. Refrigerate (36°- 46°F). Send only the yellow top conical tube and dispose of collection cup as a contaminated sharp.

**Shipping:** Place yellow top conical tube in diagnostic specimen tray and ship with other specimens.

**11.0"**

**0.5"**

**1.18"**

**5.15"**

**7.0"**

**5.25"**

**0.58"**

**22.0"**

**1.0" align left**

**1.0" align right .5"**

**spectra laboratories**

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9 King Road • Rockleigh, NJ 07847 • 800-523-4662

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**Colors:**

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Copyright Text:  
Helvetica Neue 55 Roman 7.76 pt.  
leading 11 pt.

**Size:**

11" x 22"

### Diagnostic Specimen Collection Guide

- Prior to specimen collection, check the expiration date on all supplies. Note that tubes expire the last day of the expiration month.
- Draw correct volume of blood by allowing the vacuum in the tube to be exhausted.

Order of Draw Tube	Additive	Recommended Use	Remarks
 SST™ Plus Plastic Draw Volume: 8.5 mL	Clot activator Gel barrier for serum separation	<ul style="list-style-type: none"> <li>All serum chemistry tests including Sodium, Potassium, Chloride, Bicarbonate, BUN/ Creatinine, Iron and Lipids</li> <li>Refer to Directory of Services for other uses</li> </ul>	<ol style="list-style-type: none"> <li>1. Gently invert 5 times</li> <li>2. Stand upright in the test tube rack to clot for 30 minutes, no longer than 60 minutes</li> <li>3. Centrifuge in accordance with manufacturers' recommendation to obtain separation</li> <li>4. Refrigerate (36°-46°F)</li> </ol>
 Red Plus Plastic Draw Volume: 6.0 mL	Clot activator	<ul style="list-style-type: none"> <li>Therapeutic Drugs</li> <li>T3, T4, TSH</li> <li>Ferritin</li> <li>Vitamin B12</li> <li>Hepatitis</li> <li>Other tests requiring serum sample collected in non-gel barrier tube</li> </ul>	<ol style="list-style-type: none"> <li>1. Gently invert 5 times</li> <li>2. Refrigerate (36°-46°F)</li> </ol>
 Royal Blue Draw Volume: 7.0 mL	None	<ul style="list-style-type: none"> <li>Trace Elements</li> <li>Aluminum</li> <li>Zinc</li> </ul>	<ol style="list-style-type: none"> <li>1. Refrigerate (36°-46°F)</li> </ol>
 Light Blue Plus Plastic Draw Volume: 2.7 mL	3.2% Buffered Sodium Citrate	<ul style="list-style-type: none"> <li>PT/INR</li> <li>APTT</li> </ul>	<ol style="list-style-type: none"> <li>1. Gently invert tube 5 times to ensure specimen does not clot</li> <li>2. Refrigerate (36°-46°F)</li> </ol>
 Mint Green Plus Plastic Draw Volume: 3.0 mL	Lithium Heparin Gel barrier	<ul style="list-style-type: none"> <li>Camtine</li> </ul>	<ol style="list-style-type: none"> <li>1. Gently invert 5 times</li> <li>2. Centrifuge in accordance with manufacturers' recommendation to obtain separation</li> <li>3. Refrigerate (36°-46°F)</li> </ol>
 Lavender Plus Plastic Draw Volume: 2.0 mL	K <sub>2</sub> EDTA	<ul style="list-style-type: none"> <li>CBC</li> <li>Hgb</li> <li>Hct</li> <li>Reticulocyte Count</li> <li>Intact PTH</li> <li>Hemoglobin A<sub>1c</sub></li> <li>RBC Foliate</li> <li>ABO &amp; Rh</li> <li>Chk (Reticulocyte Hemoglobin Content)</li> </ul>	<ol style="list-style-type: none"> <li>1. This is a partial draw tube and will ONLY fill up to the white mark on the label</li> <li>2. Gently invert 5 times to ensure specimen does not clot</li> <li>3. Refrigerate (36°-46°F)</li> </ol>
 SST™ Gold Plus Plastic Draw Volume: 3.5 mL	Clot activator Gel barrier for serum separation	<ul style="list-style-type: none"> <li>Post Chemistries</li> <li>Post BUN</li> <li>Post Creatinine</li> <li>Post Potassium</li> <li>Post Bicarbonate</li> <li>1 or 2 serum chemistry test(s) such as Pre BUN, Potassium or Calcium and Phosphorus</li> </ul>	<ol style="list-style-type: none"> <li>1. Gently invert 5 times</li> <li>2. Stand upright in the test tube rack to clot for 30 minutes, no longer than 60 minutes</li> <li>3. Centrifuge in accordance with manufacturers' recommendation to obtain separation</li> <li>4. Refrigerate (36°-46°F)</li> </ol>

**Important Information:**

- Use ONLY materials and devices provided by Spectra Laboratories.
- Label all tubes with patient's name and a unique barcode.
- POST specimens must be labeled with the POST SAMPLE barcode label.
- Send all paper documentation with diagnostic specimens.
- When shipping specimens on Friday, it is necessary to select the **Saturday Delivery** option on the shipping airbill and apply a **Saturday Delivery** shipping label on the outside of the box to avoid delays in testing.

1819 Kato Road - Fremont, CA 94538 - 800-433-3773  
King Road - Rutherford, NJ 07074 - 800-520-4662

80, 80 Logo and all other trademarks are the property of Baxter, Dickinson and Company © 2008  
Spectra Laboratories and all other trademarks of Fresenius Medical Care Holdings, Inc.  
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POST7502E Rev. 6/08

**Logo Colors:**

**4-color Process:**

Blue: C65 + M30 + K11

Orange: M68 + Y100

Gray: K50

**Font:**

Header:

Helvetica Neue Bold 75 19 pt. leading 22.8 pt.

Subhead:

Helvetica Neue Bold 10 pt. leading 11 pt.

Body Text:

Helvetica Neue Regular 10 pt.

leading 12 pt.

Address:

Helvetica Neue Regular 6.5 pt. leading 8 pt.

**Size:**

8.5" x 11"

**Diagnostic Specimen Tray Packaging**

**HAVE FROZEN ICE PACKS AVAILABLE FOR ALL BLOOD DRAWS**

**PRIOR TO SPECIMEN COLLECTION**

1. Prepare tubes according to each patient's laboratory order.
2. Affix barcode labels to test tubes.

**SPECIMEN COLLECTION**

1. Collect specimens using ONLY materials and devices provided by Spectra.
2. Draw correct volume of blood by allowing the vacuum in the tube to be exhausted.
3. Gently invert all tubes 5 times.
4. Place Lavender, Royal Blue, Light Blue, Red and Mint Green top tubes in specimen tray and refrigerate.
5. Place Tiger Top and/or Gold Top Serum Separator Tubes (SST) upright in a test tube rack.
6. Allow blood to clot for at least 30 minutes but no longer than 60 minutes.
7. Centrifuge tubes according to manufacturers' recommendation to obtain complete separation.
8. Inspect after centrifugation to ensure complete separation. If not fully separated, re-centrifuge or consider recollection at the next dialysis treatment.
9. Place spun tubes in specimen tray.
10. Snap-down lid to close specimen tray and refrigerate (36°-46°F).

**PACKING THE SPECIMENS**

1. Slide specimen trays in the clear poly-bag (maximum of 4 trays per bag).  
Remove air from the bag and seal it. Label the bag with your Spectra account number.
2. Assemble shipping box in accordance with instructions.
3. Place frozen ice pack(s) in box.
  - a. Small box: Place ice pack on top of clear poly-bag
  - b. Medium box: Place one ice pack each on top and bottom
  - c. Jumbo box: Place two ice packs each on top and bottom
4. Place specimen trays in clear poly-bags in shipping box.
  - a. Small box accommodates up to 4 small trays
  - b. Medium box accommodates up to 4 medium trays
  - c. Jumbo box accommodates 5 to 8 medium trays
5. Place all paper documentation in a Ziplock bag, seal and place in box.
6. Seal shipping box.
7. Write your facility name, address and Spectra account number on the outside of the box.
8. Affix completed airbill label (if applicable). When shipping specimens to the laboratory on **Friday**, mark the airbill for **Saturday Delivery** and place the **Saturday Delivery** sticker on the outside of the box.

**State-of-the-Art Packaging Made Easy**

The proper packaging of your patient's diagnostic specimens is essential to protecting and ensuring the integrity of specimens during transport to the laboratory for analysis. Developed to provide optimum conditions for specimens during transport to the laboratory, the Diagnostic Specimen Tray Packaging system enables your staff to pack diagnostic specimens quickly and efficiently.

**THE ADVANTAGES ARE CLEAR**

- Provides added protection for tubes by maintaining separation
- Tubes may be easily examined (check for barcode labels before packing for shipment)
- Compact and efficient storage (50 trays per box)
- Flexibility to accommodate a variety of tube types
- Trays fit easily on refrigerator shelves
- Trays are 100% recyclable
- Certified by the Department of Transportation
- Available in two sizes, the trays maximize the number of tubes per tray as illustrated below:

Small tray holds up to 5 tubes of any size

Medium tray, up to 18 large tubes

Medium tray, up to 27 small tubes

Medium tray, mix of up to 8 large tubes and 15 small tubes

**spectra** laboratories

4880 Katy Road • Houston, TX 77056 • 800-453-3771  
8 Katy Road • Houston, TX 77056 • 800-502-4892

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POSTTRKPG Rev. 6/08

**Colors:**

Orange: Pantone 1665 U  
 CMYK: C0 + M68 + Y100 + K0

Blue: Pantone 646 C  
 CMYK: C65 + M30 + K11

Gray: Pantone Cool Gray 9 U  
 51%K

Black: 100%K

**Font:**

Header Text:

Helvetica Neue 45 Light 22 pt. leading 26.4 pt.

Body Text:

Helvetica Neue 65 Medium 13.5 pt.  
 leading 16.2 pt.

Helvetica Neue 45 Light 13.5 pt. leading 16.2 pt.

Legal Text:


Helvetica Neue 45 Light 11 pt. leading 13.2 pt.

Helvetica Neue 65 Medium 11 pt.  
 leading 13.2 pt.

**Size:**

8.5" x 11"

.75"




Spectra Laboratories Policy  
 on Co-Payments and Deductibles

**In accordance with state and federal law**, it is Spectra Laboratories' policy to make a reasonable, good faith effort to collect co-payments and deductibles from the next available financial source (i.e. either the secondary insurer or the patient) resulting from laboratory testing services performed by Spectra. We understand the hardship that co-payments and deductibles can represent for our patients. However, to continue providing the high quality care our customers require, we have no alternative but to bill patients according to the laws and policies described in this document.

Any healthcare provider who fails to bill patients for applicable co-payments and deductibles may be violating state or federal law. The potential illegal remuneration resulting from not billing patients for applicable co-payments and deductibles may extend to the dialysis facility as well as the patient.

**Policy Details**  
 The issue of waiver of co-payments and deductibles has been addressed on several occasions in the context of Medicare co-insurance and deductible. According to the Office of the Inspector General ("OIG"), routine waivers raise potential issues related to submission of false claims and illegal remuneration. As discussed below, risks from waivers are also present in connection with commercial insurance policies. There are several theories on which a legal action or other assertion might be made, including those addressed below.

**Federal Prohibitions**  
 It might be asserted that when a co-payment, co-insurance or deductible for a patient covered by a commercial insurer will be waived, a laboratory's submission of a claim to a commercial insurer for its full charge – without regard to the anticipated waiver – is a false claim, reflecting a misrepresentation of the laboratory's actual charge. Under this theory, that entity might be charged under various federal and state statutes, including prohibitions against false statements related to health care matters (18 U.S.C. § 1035); health care fraud (18 U.S.C. § 1347); wire fraud (18 U.S.C. § 1343); and mail fraud (18 U.S.C. § 1341).



11"

8.5"

1.5"



Spectra Laboratories Policy  
 on Co-Payments and Deductibles (continued)

**Specific State Laws**  
 Various state laws and regulations specifically address waivers. For example, some state laws specifically prohibit waivers or marketing their availability. The practice has been characterized – and subject to sanctions – as "abuse of health insurance" or a "deceptive or misleading practice." Some states make this practice a criminal offense. See, e.g., Colo. Rev. Stat. § 18-13-119; SD Codified Laws §§ 58-17-57 to 59; GA. Code Ann. § 43-1-19.1; TX. Ins. Code, Art. 21.24-1, § 4(c).

**General State Laws**  
 State laws frequently include kickback/fee-splitting prohibitions and various prohibitions against fraud or false claims. The OIG has stated that waivers might violate federal laws prohibiting false claims and kickbacks. A similar assertion could be made under similar state laws when the waiver relates to a commercial insurance policy. See generally, *Feller v. New Jersey Dental Association*, 489 A.2d 1161 (N.J. Super. Ct. App. Div.), aff'g, 467 A.2d 276 (N.J. Super. Ct. 1983) (finding fraudulent, and enjoining waiver of co-insurance without disclosure of practice on statement submitted to insurer).

**Contract and Participation Issues**  
 The terms of a particular provider agreement may expressly prohibit such waivers. Moreover, even where there is no such express prohibition, there is risk that a commercial insurer might rely on general contract language as a basis to refuse to make a payment otherwise due on the policy – or to recoup previously made payments – as a result of a waiver. In one court case, the insurer relied on an exclusion for "charges which the [insured] is not legally required to pay" to deny payment for services furnished by a chiropractor. The district court agreed with the insurer that "by promising that he would look exclusively to [the insurer] for payment, [the chiropractor] relieved [the patient] of any legal obligation to pay. So [the chiropractor's] charge to the patient was zero, and 80% of nothing is nothing." In other words, the patient must be legally responsible for the entire billed amount, so that after [the insurer] pays its 80% the patient is responsible for the remaining 20% of the total charges billed.



www.spectra-labs.com  
 © 2008 Fresenius Medical Care Holdings, Inc. All rights reserved.  
 Spectra Laboratories and Fresenius Medical Care Holdings, Inc.

1.125"

.5"

Spectra Laboratories Copyright Language - Per our Corporate Legal Department, the general rule is that we use:

**© 2007 Fresenius Medical Care Holdings, Inc. All rights reserved.**

**Spectra® and the Spectra logo are trademarks of Fresenius Medical Care Holdings, Inc.**

The copyright should be placed at the bottom of the document, preferably in the right hand corner in 6.5 point Helvetica Neue font.

In most cases using the “Fresenius” copyright is desired. Other uses must be approved before printing.

If you have a unique situation which requires the use of a Spectra Laboratories copyright, please contact:

Shelly St. Hill  
Manager of Marketing Communications  
800-433-3773, Extension 3018  
shelly.sthill@fmc-na.com

Stephanie Paxton  
Director, Sales & Marketing Administration  
800-433-3773, Extension 3079  
stephanie.paxton@fmc-na.com

**1. What do I do with existing Spectra Renal Management marketing and educational materials?**

We are taking a “phasing-out” approach to “Spectra Renal Management,” so please continue to use existing materials until you’re at a point where you need to revise or reprint the materials. At that time, please update according to the Spectra Laboratories Brand Guidelines.

**2. What do I do with existing marketing and educational materials that are not in compliance with these Brand Guidelines?**

Please use these materials until you’re at a point where you need to revise or reprint the materials. At that time, please update according to the Spectra Laboratories Brand Guidelines.

**3. What do I do with existing office stationary and business cards?**

- Business Cards – Please reorder new business cards immediately and refer to the Brand Guidelines for proper formatting instructions.
- Letterhead and Envelopes – Please use existing letterhead and envelopes until you deplete your supply and need to reorder. At that time, please update the letterhead and envelopes according to the Brand Guidelines.

**4. The Spectra Laboratories, Fremont location, has two main phone numbers. Which one do I use on marketing collateral, stationary, business cards and educational materials?**

Please use 800-433-3773. Do not use 888-776-2040 or 800-433-ESRD.

**5. The Spectra Laboratories, Rockleigh location has three main phone numbers. Which one should I use on marketing collateral, stationary, business cards and educational materials?**

For Spectra Laboratories, please use 800-522-4662. Do not use 800-205-5005.  
For Spectra Clinical Research, please use 800-517-7157.

**6. What company name should I use when answering the phone?**

Spectra Laboratories. Do not say Spectra Renal Management, Spectra West or Spectra East.

**7. Which company name do I use in my voicemail greeting and Lotus Notes® signature?**

Spectra Laboratories. Do not use Spectra Renal Management, Spectra West or Spectra East.

For questions and additional information please contact:

**Shelly St. Hill**

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<b>Basic Standards</b>	The Spectra Clinical Research Logo	1.01-1.03
	Primary Color Standards	1.04
	Acceptable Color Usage	1.05
	Unacceptable Color Usage	1.06
	Spectra Clinical Research Typefaces	1.07
<hr/>		
<b>Stationary Templates</b>	Business Card	2.01
	Rolodex Card	2.02
	Letterhead	2.03
	Standard Envelope	2.04
	Large Envelope 12" x 9"	2.05
	Large Envelope 13" x 10"	2.06
	Fax Template	2.07
	Memo Template	2.08
	PowerPoint Template	2.09
	Corporate Folder	2.10
<hr/>		
<b>Communication Templates</b>	Brochure	3.01-3.02
<hr/>		
<b>Copyright and Frequently Asked Questions</b>	Spectra Clinical Research Copyright Language	4.01
	Frequently Asked Questions	4.02

A.  
The Spectra Clinical Research logo in Color

B.  
The Spectra Clinical Research logo in Black

C.  
The Spectra Clinical Research logo in  
Reverse White



A.



B.



C.



**Standard Logo Configuration:**

The words Spectra and Clinical Research, and the logobug should always appear as a lockup.

In no instances may the logo be altered or an element be taken out, scaled or resized.



**White Space Requirements:**

To protect the integrity and consistency of the Spectra Clinical Research Logo, a minimum amount of 0.5" (x) clear space should appear around the logo. This space must remain free of text, colors, or images of any kind.

Note: there is some flexibility, where the white space can be less in instances where there is heavy content in a very limited space, such as business cards.



**Pantone Matching Colors:**

Green: Pantone 375 U

Orange: Pantone 1665 U

Gray: Pantone Cool Gray 9 U

**4-color Process:**

Green: C41 + M0 + Y78 + K0

Orange: M68 + Y100

Gray: K50

**Web Safe Colors:**

Green: 6699CC

Orange: FF6633

Gray: 999999

**Primary Colors**



Pantone 375 U



Pantone 1665 U



Pantone Cool Gray 9 U

**4-color Process Colors**



C 41  
M 0  
Y 78  
K 0



C 0  
M 68  
Y 100  
K 0



C 0  
M 0  
Y 0  
K 50

**Web Safe Colors**



6699CC



FF6633



999999

A.

The logo may appear in Spectra Clinical Research colors on a white background.

B.

The logo may appear in black on a white background.

C.

The logo may appear in reverse white on a black background.

D.

The logo may appear in reverse white on one of three Spectra Clinical Research color backgrounds.

E.

Embossing may be used to add prestige for special situations.

F.

Reverse the logo when background color is darker than 60% black; use black logo when background is 40% black or lighter.



A.



F.



B.



C.



D.



E.



- A.  
**DO NOT** rotate Spectra colors or transpose colors on the logo.
- B.  
**DO NOT** use any color other than the standard Spectra colors.
- C.  
**DO NOT** place the logo on a background that does not provide a strong contrast visually with the logo.
- D.  
**DO NOT** outline the logo in white or in any other color on a background.
- E.  
**DO NOT** place the logo on a photographic background in either full color or reverse.
- F.  
**DO NOT** use the old Spectra Clinical Research logo anywhere at anytime.



A.



E.



B.



F.



C.



D.

A consistent and well-coordinated system of typography enhances the unity and integrity of all Spectra Clinical Research communications.

Helvetica family is the font used throughout the identity; there are no substitute fonts.

**Helvetica Neue Bold**

**ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz 1234567890**

Helvetica Neue Roman

ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz 1234567890

Helvetica Neue Light

ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz 1234567890

*Helvetica Neue Italic*

*ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz 1234567890*

***Helvetica Bold Italic***

***Helvetica Roman Italic***

*Helvetica Light Italic*

*Helvetica Thin Italic*

**Logo Colors:**

Orange: Pantone 1665 U  
Green: Pantone 375 U  
Gray: Pantone Cool Gray 9 U

**Back Panel:**

Logo solid Pantone 375 U  
Pantone 1665 U

**Font:**

Name:  
Helvetica Neue Bold 7.6 pt. leading 9.3 pt.

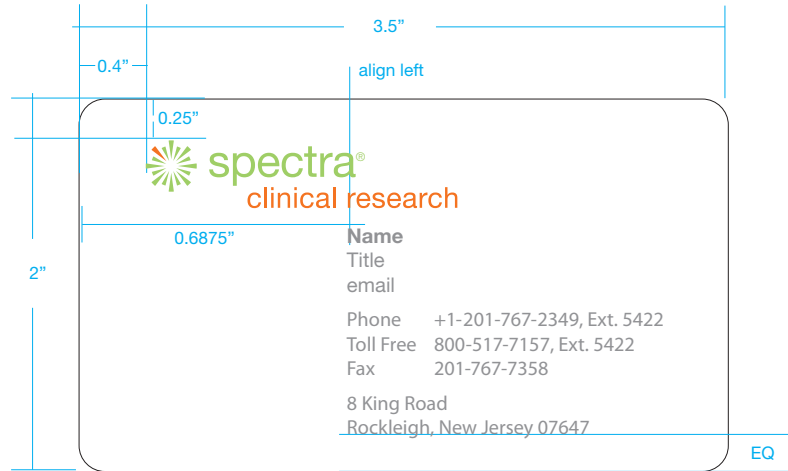
Title:  
Helvetica Neue 7.6 pt. leading 9.3 pt.

Address:  
Helvetica Neue 7.6 pt. leading 9.3 pt.  
Align left

URL on Backside:  
Helvetica Neue Bold 7.6 pt.

**Size:**

3.5" x 2" with rounded corners.



Front



Back

**Logo Colors:**

Orange: Pantone 1665 U

Green: Pantone 375 U

Gray: Pantone Cool Gray 9 U

Large logo prints at 50% opacity

**Font:**

URL:

Helvetica Neue 75 bold 7.5 pt.

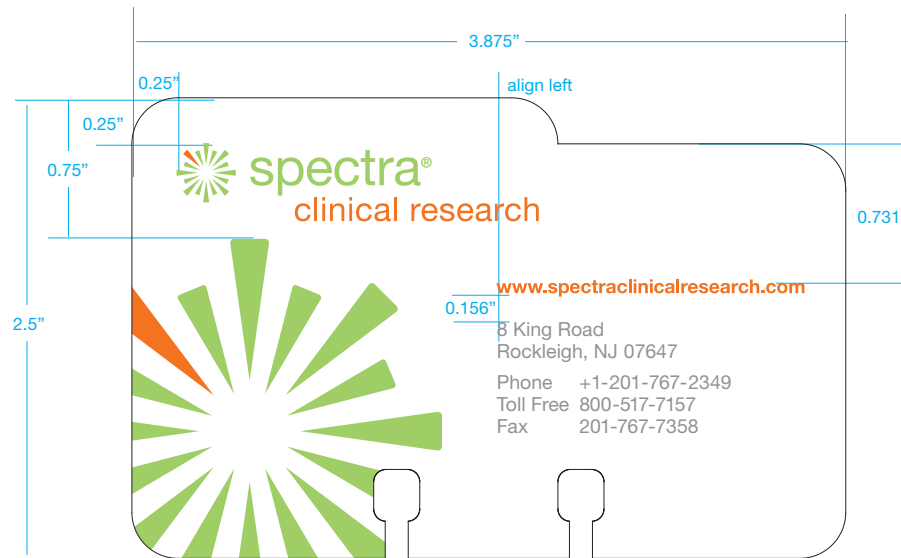
Address:

Helvetica Neue 7.6 pt. leading 8.75 pt.

Align left

**Size:**

3.875" x 2.5" with rounded corners





**Logo Colors:**

Orange: Pantone 1665 U

Green: Pantone 375 U

Gray: Pantone Cool Gray 9 U

There is no logo display on second page letterhead.

**Acceptable Fonts:**

Default Sans Serif, Verdana and Arial.

Under no circumstances is Comic Sans or Times New Roman allowed.

Address:

Font size: 8 pt. leading 11 pt.

Align left

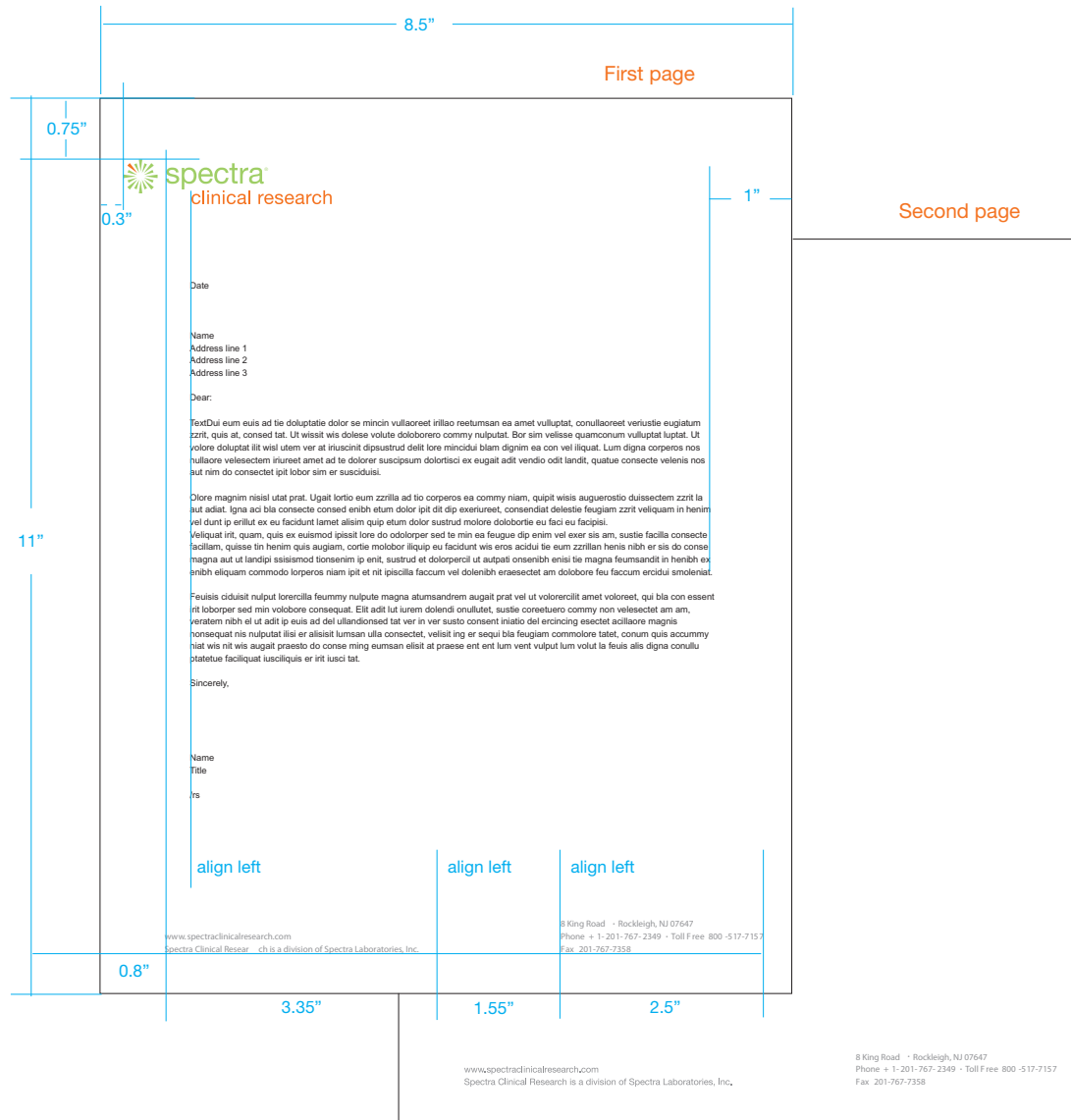
Body Text:

Acceptable font size: 10 pt.–12 pt.

Align left

**Size:**

8.5" x 11"



**Logo Colors:**

Orange: Pantone 1665 U

Green: Pantone 375 U

Gray: Pantone Cool Gray 9 U

**Font:**

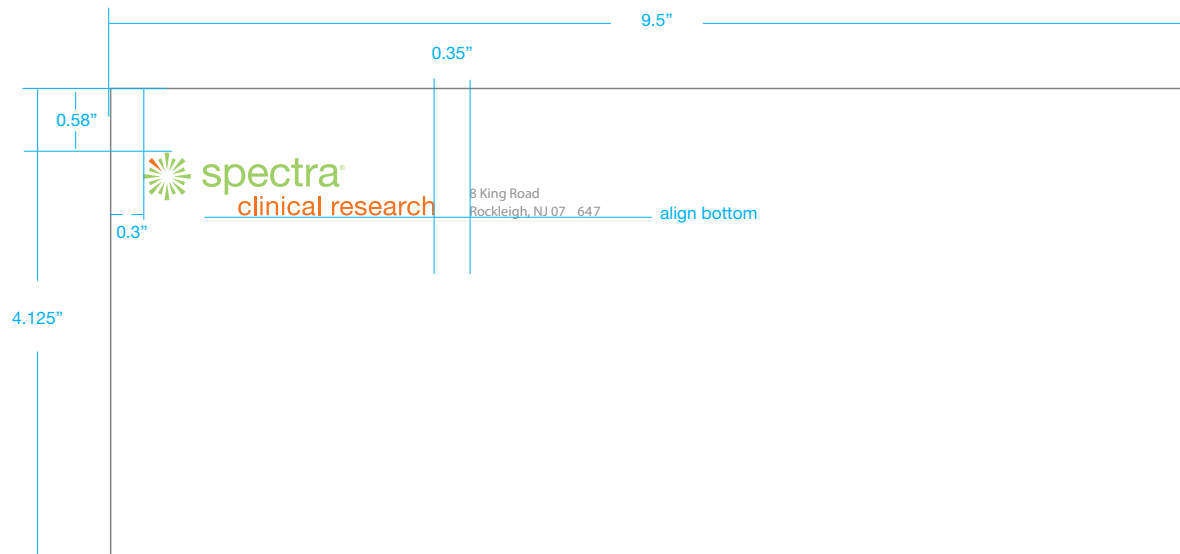
Return Address:

Helvetica Neue Regular 8 pt. leading 11 pt.

Align left

**Size:**

9.5" x 4.125"



**Logo Colors:**

Orange: Pantone 1665 U

Green: Pantone 375 U

Gray: Pantone Cool Gray 9 U

**Font:**

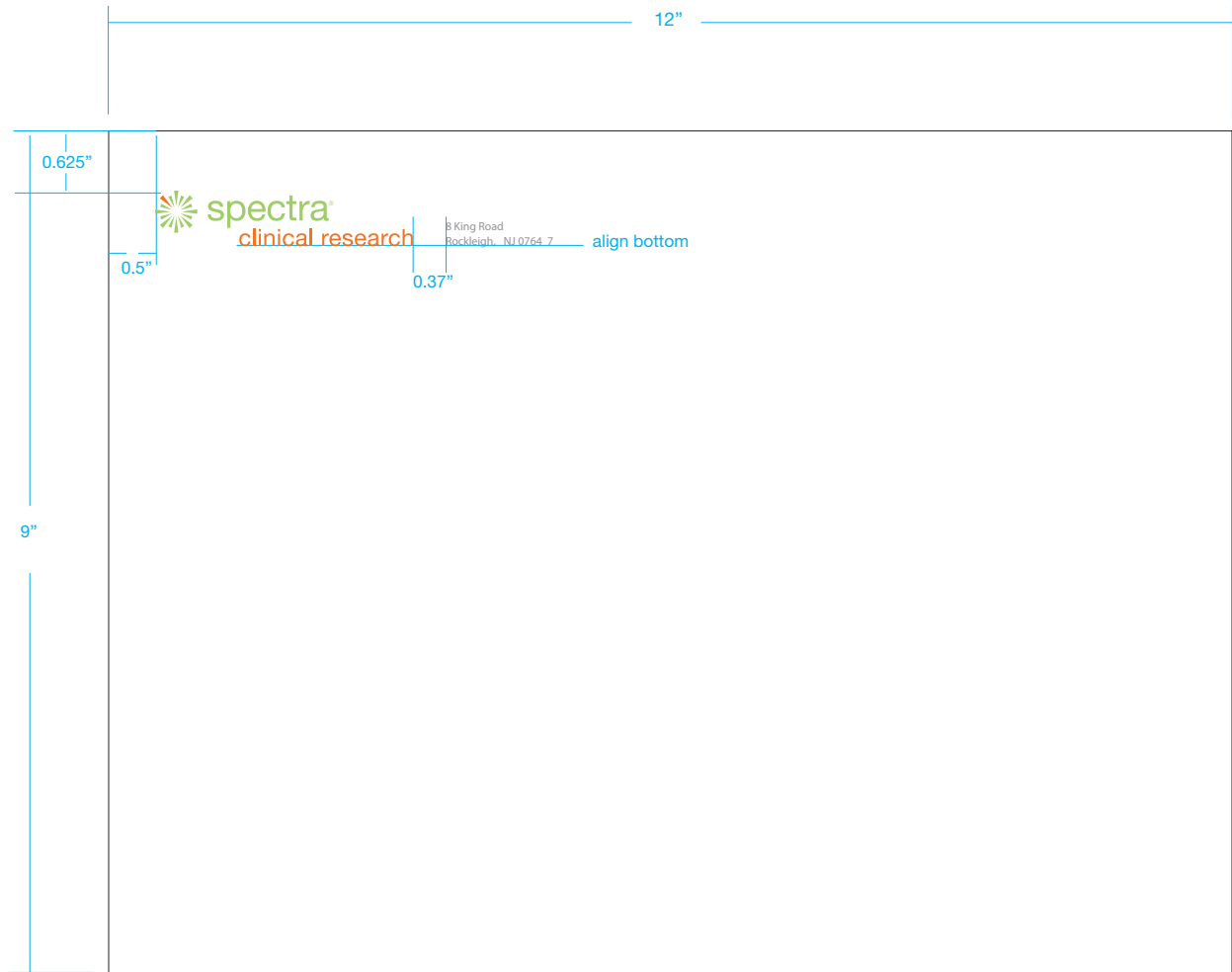
Address:

Helvetica Neue Regular 9 pt. leading 11 pt.

Align left

**Size:**

12" x 9"



**Logo Colors:**

Orange: Pantone 1665 U

Green: Pantone 375 U

Gray: Pantone Cool Gray 9 U

**Font:**

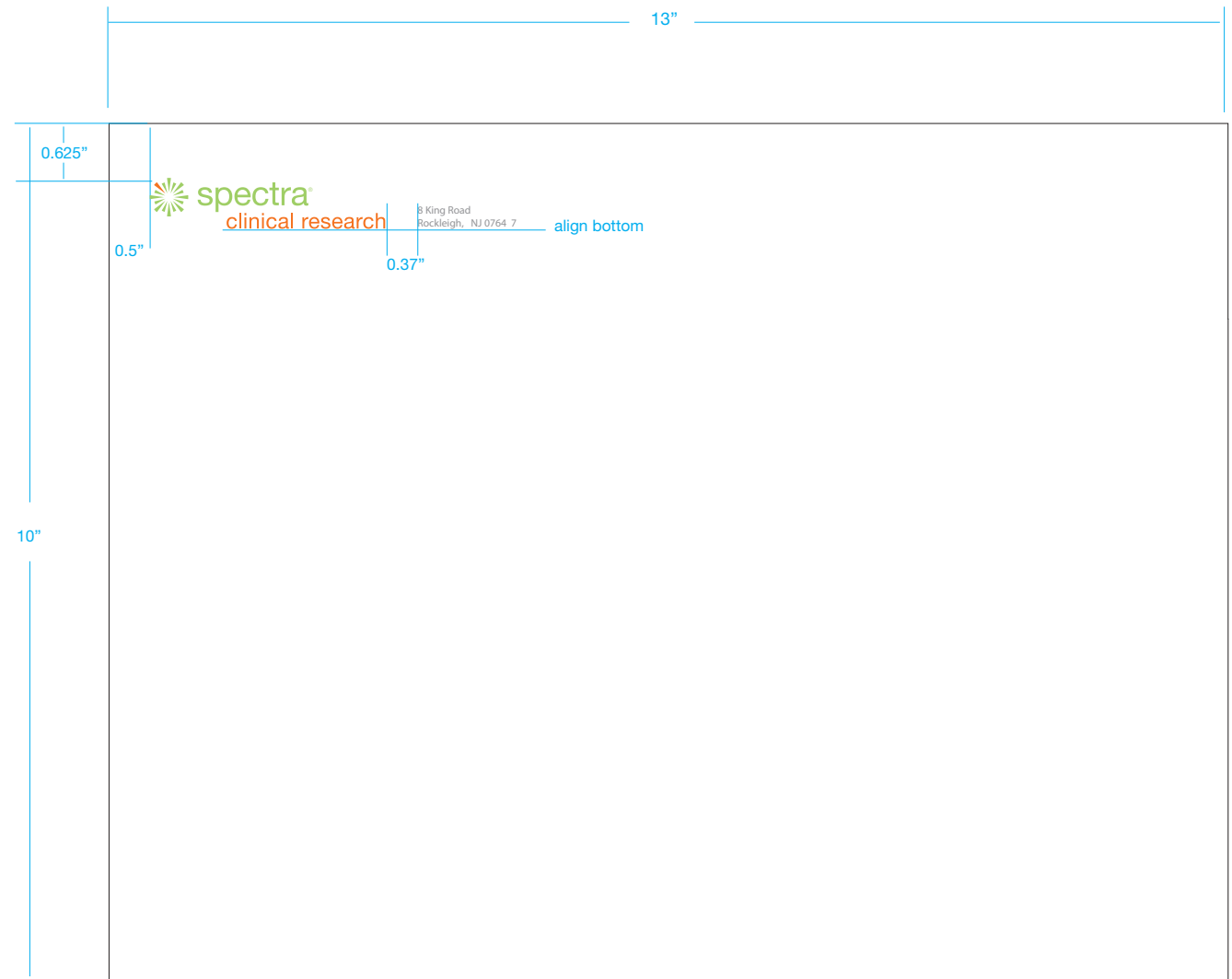
Address:

Helvetica Neue Regular 9 pt. leading 11 pt.

Align left

**Size:**

13" x 10"



**Logo Colors:**

Orange: Pantone 1665 U  
 Green: Pantone 375 U  
 Gray: Pantone Cool Gray 9 U

**Acceptable Fonts:**

Default Sans Serif, Verdana and Arial.  
 Under no circumstances is Comic Sans  
 or Times New Roman allowed.

**Address:**

Font size: 8pt. leading 11 pt.  
 Align left

**Body Text:**

Acceptable font size: 10 pt.–12 pt.  
 Align left

**Document Title:**

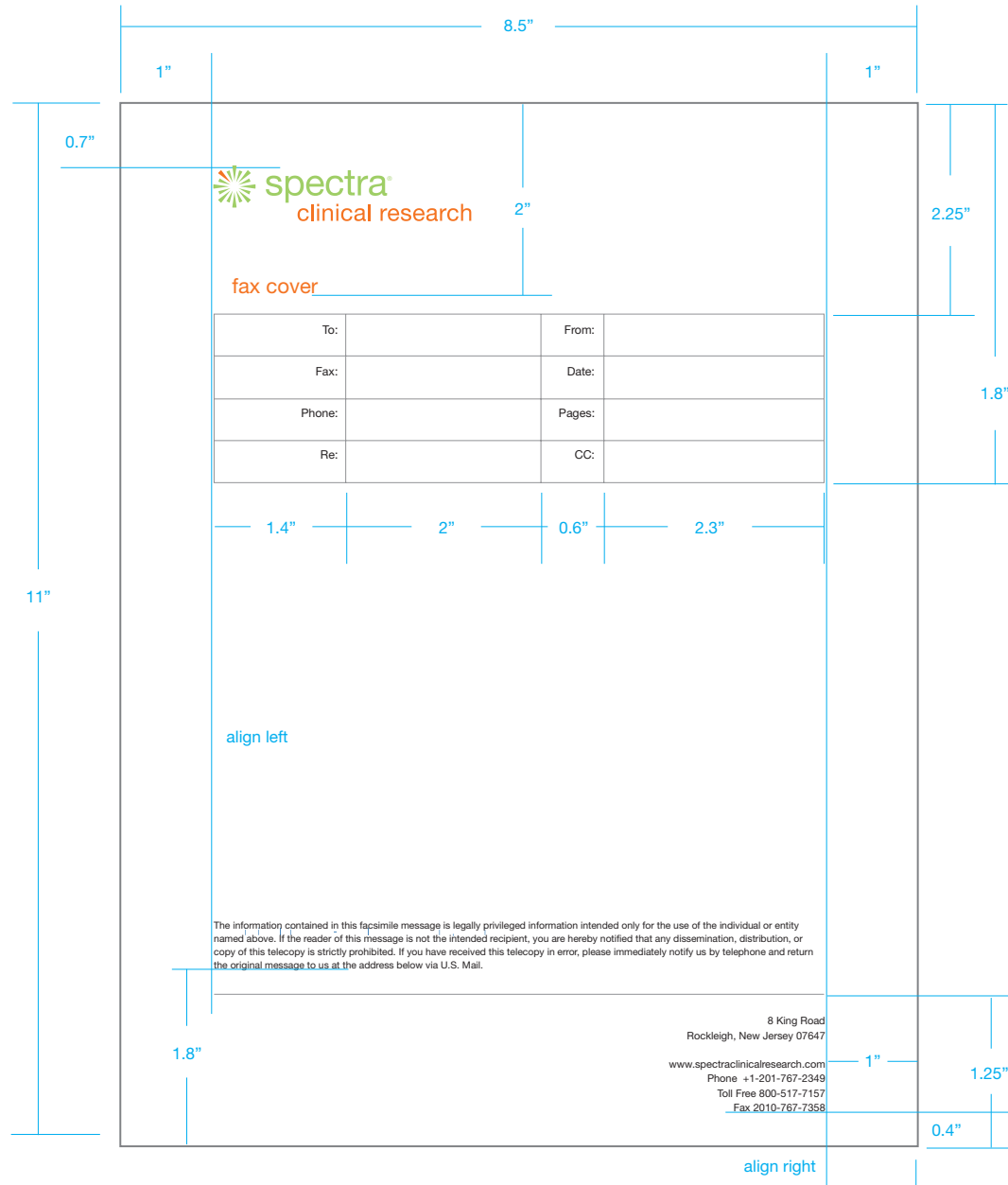
Verdana Regular 16 pt.

**Margin:**

Align left below first address block.

**Size:**

8.5" x 11"



**Logo Colors:**

Orange: Pantone 1665 U  
 Green: Pantone 375 U  
 Gray: Pantone Cool Gray 9 U

**Acceptable Fonts:**

Default Sans Serif, Verdana and Arial.  
 Under no circumstances is Comic Sans  
 or Times New Roman allowed.

**Address:**

Font size: 8 pt. leading 11 pt.  
 Align left

**Body Text:**

Acceptable font size: 10 pt.–12 pt.  
 Align left

**Document Title:**

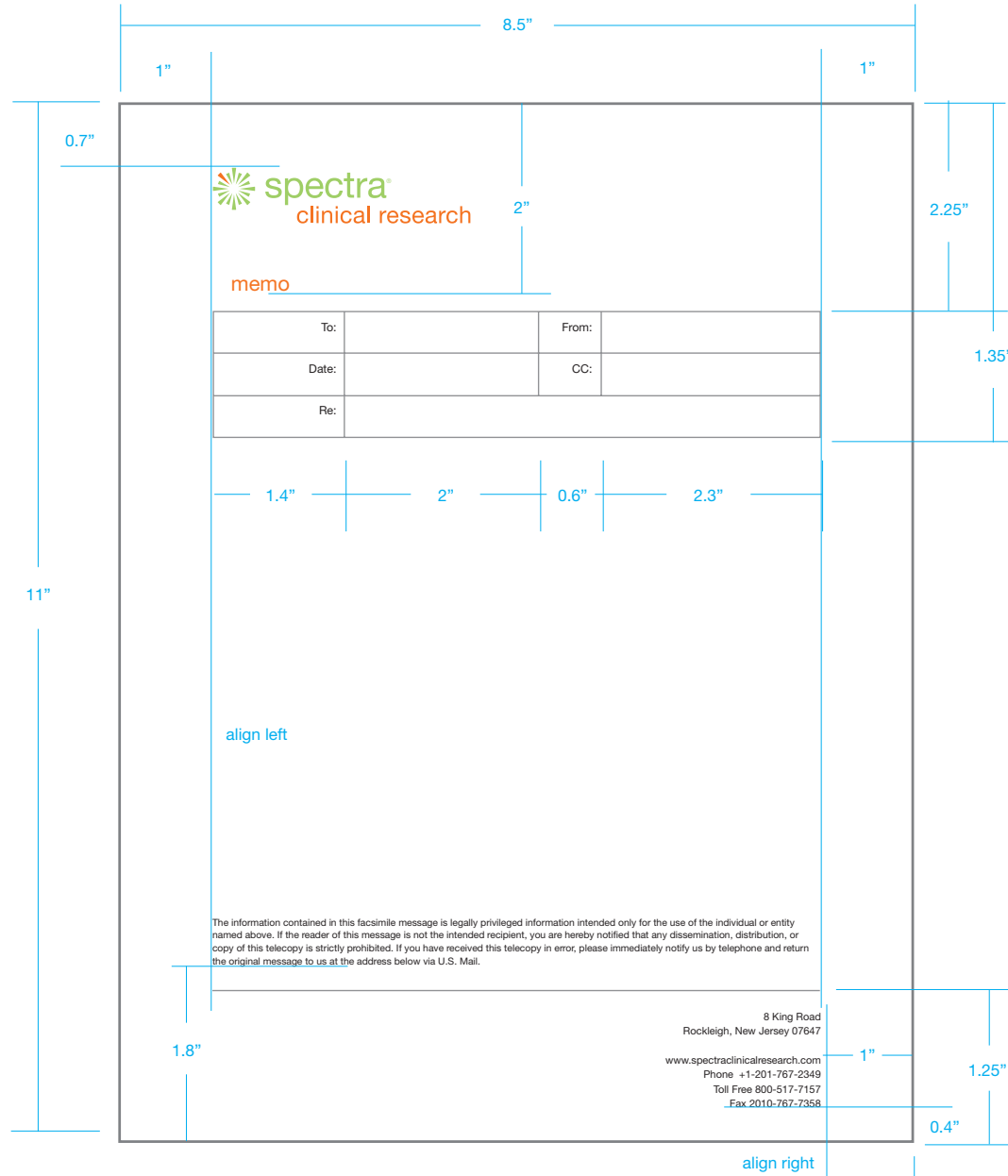
Verdana Regular 16 pt.

**Margin:**

Align left below first address block.

**Size:**

8.5" x 11"



**Logo Colors:**

**4-color Process**

Orange: M68 + Y100

Green: C41 + M0 + Y78 + K0

**Web Safe Colors:**

Green: 99CC00

Orange: FF6633

Gray: 999999

**Background Color:**

Green: C41 + M0 + Y78

**Font:**

Title: Helvetica Neue Bold 38–48 pt.

Subtitle: Helvetica Neue Bold 32–36 pt.

Body Text: Helvetica Neue 24–30 pt.

Acceptable Alternative Fonts:

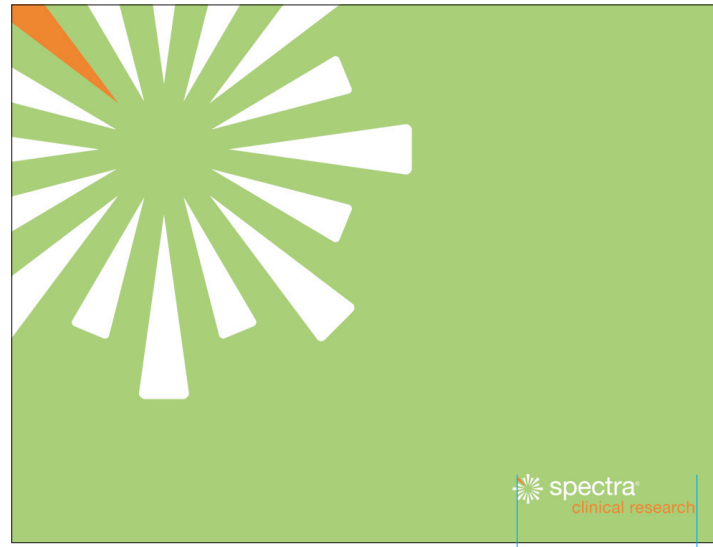
Default Sans Serif, Verdana and Arial.

Under no circumstances is Comic Sans or Times New Roman allowed.

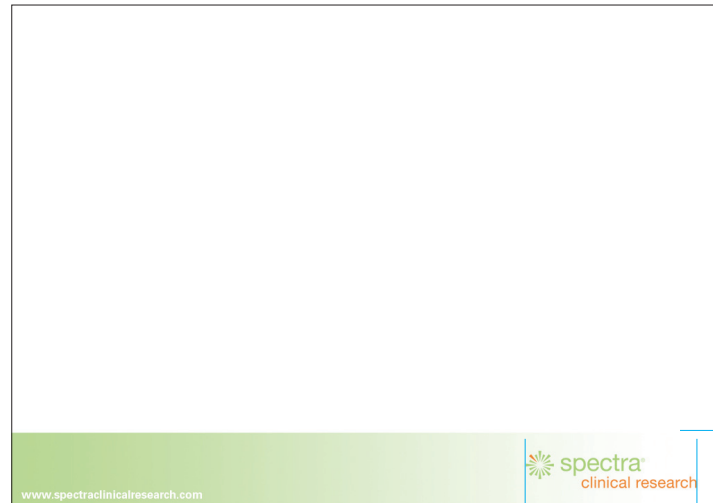
**Document Size:**

10" x 7.5"

Title page



Contents page



**Logo Colors:**

Orange: Pantone 1665 U  
Green: Pantone 375 U  
Gray: Pantone Cool Gray 9 U

**Cover/Back Cover:**

Logo Pantone 646 U 100%  
over Pantone 646 U 45%

**Inside Panel:**

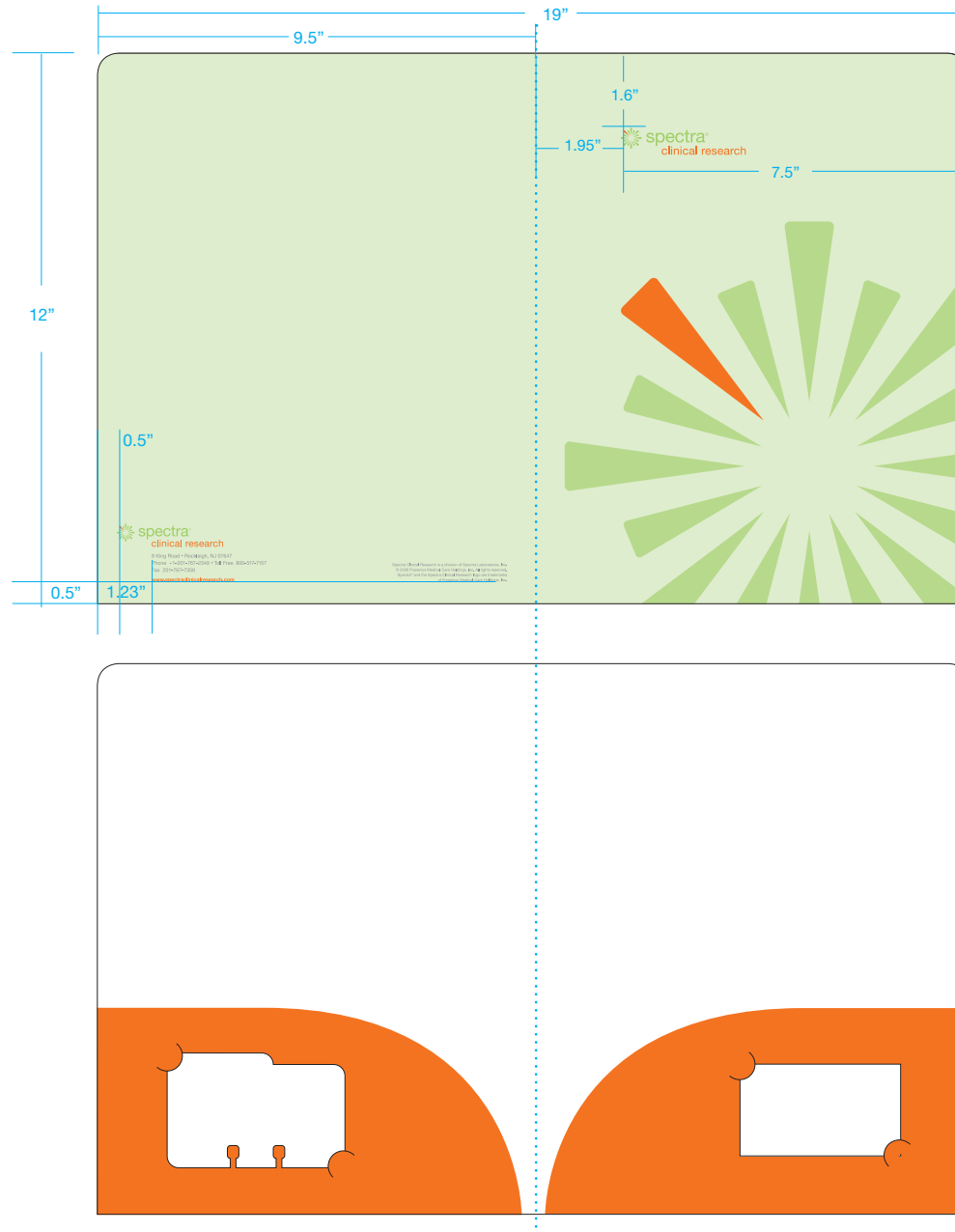
Pantone 1665 U 100%

**Font:**

Helvetica Neue Regular 8 pt. leading 11 pt.  
Pantone Cool Gray 9 U text

**Size:**

9.5" x 12" finished size





**Colors:**

Orange: Pantone 1665 U  
M68 + Y100

Green: Pantone 375 U  
C41 + Y78

Gray: Pantone Cool Gray 9 U  
51%K

Black: 100%K

**Font:**

Document Title:

Helvetica Neue 45 Light 33 pt. leading 39 pt.

Header Text:

Helvetica Neue 65 Medium 14 pt. leading 17 pt.

Body Text:

Helvetica Neue 45 Light 10 pt. leading 17 pt.

Bulleted Text:

Helvetica Neue 45 Light 10 pt. leading 21 pt.

Address Text:

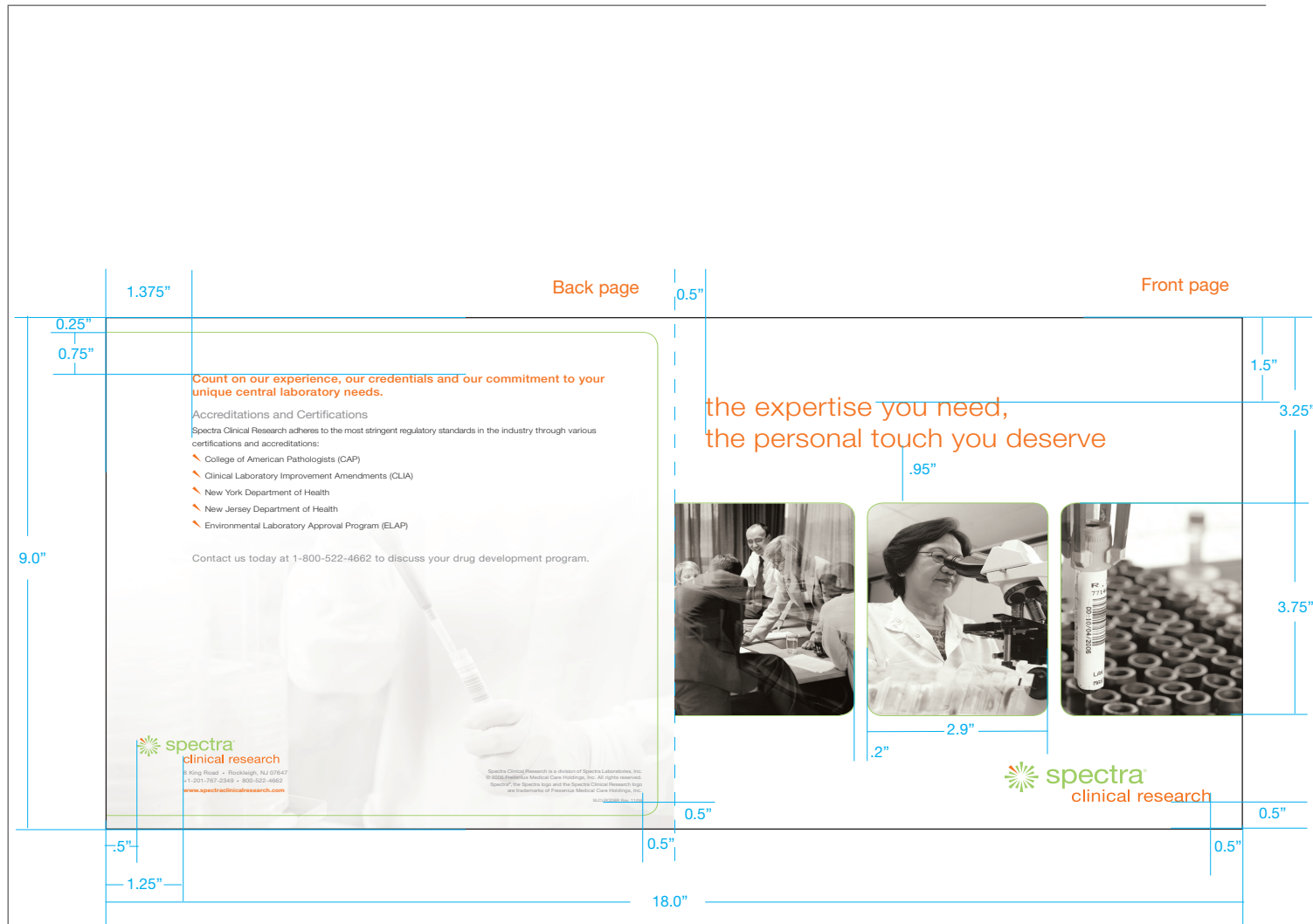
Helvetica Neue 55 Roman 7 pt. leading 10 pt.

Copyright Text:

Helvetica Neue 55 Roman 6 pt. leading 8 pt.

**Size:**

Finished size 9" x 9" bifold. Flat size 27" x 9"



**Font:**

Header Text:

Helvetica Neue 65 Medium 14 pt leading 17 pt.

Body Text:

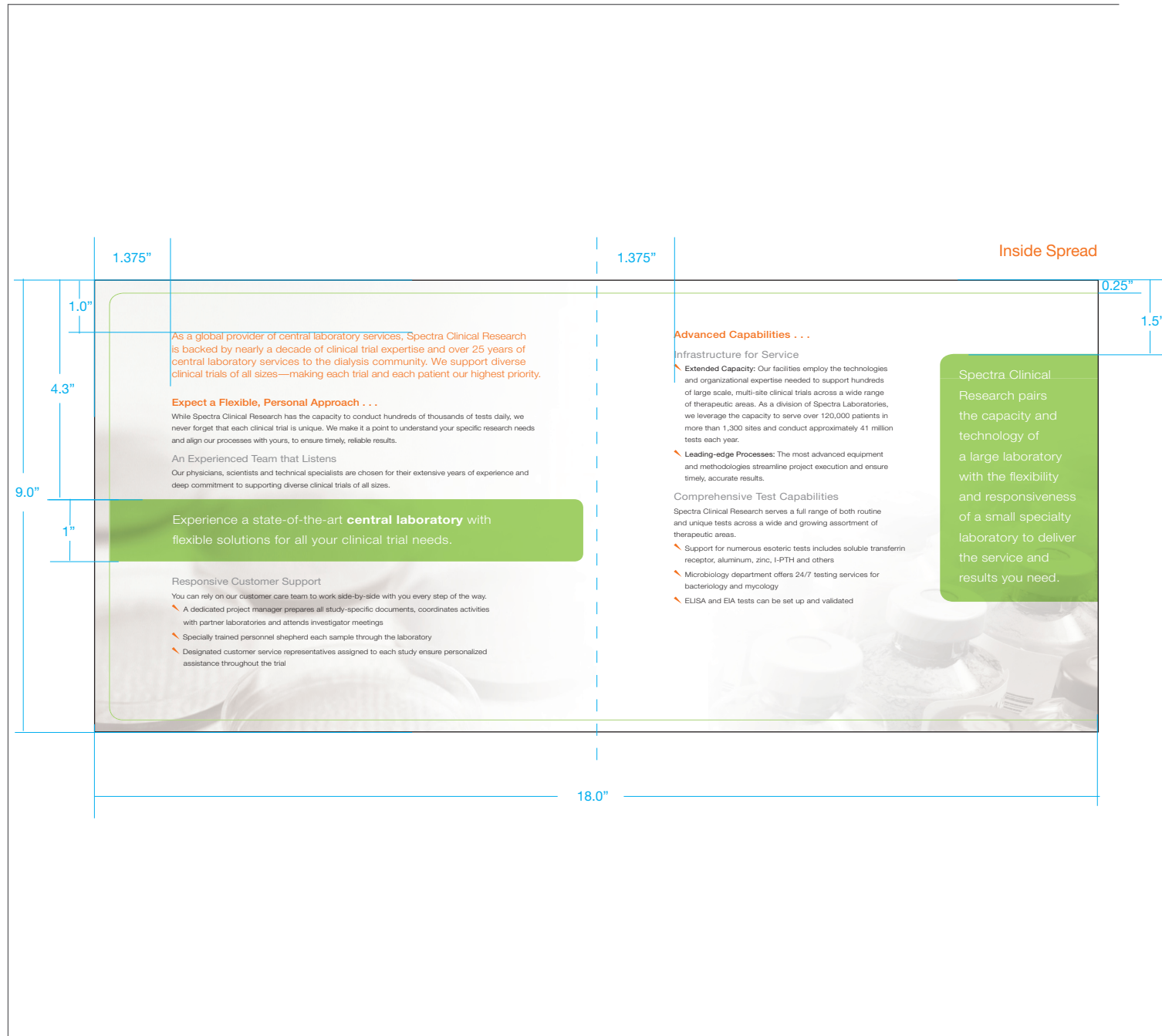
Helvetica Neue 45 Light 10 pt. leading 17 pt.

Bulleted Text:

Helvetica Neue 45 Light 10 pt. leading 21 pt.

**Size:**

Finished size 9" x 9" bifold. Flat size 27" x 9"



Spectra Laboratories Copyright Language - Per our Corporate Legal Department, the general rule is that we use:

**© 2007 Fresenius Medical Care Holdings, Inc. All rights reserved.  
Spectra®, the Spectra logo, and the Spectra Clinical Research logo are trademarks of  
Fresenius Medical Care Holdings, Inc.**

The copyright should be placed at the bottom of the document, preferably in the right hand corner in 6.5 point Helvetica Neue font.

In most cases using the “Fresenius” copyright is desired. Other uses must be approved before printing.

If you have a unique situation which requires the use of a Spectra Laboratories copyright, please contact:

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Manager of Marketing Communications  
800-433-3773, Extension 3018  
shelly.sthill@fmc-na.com

Stephanie Paxton  
Director, Sales & Marketing Administration  
800-433-3773, Extension 3079  
stephanie.paxton@fmc-na.com

**1. What do I do with existing Spectra Clinical Research marketing and educational materials that are not in compliance with these Brand Guidelines?**

Please immediately discard all old inventory of the Spectra Clinical Research brochures and data sheets and replace with the new brochure, which is in compliance with the Brand Guidelines.

Please continue to use the existing Spectra Clinical Research Averty data sheet until you're at a point where you need to revise or reprint. At that time, please update according to the Brand Guidelines.

**2. What do I do with existing office stationary and business cards?**

- Business cards – Discard all old business cards and reorder new cards immediately. Refer to the Brand Guidelines for proper formatting instructions.
- Letterhead and Envelopes – Discard all old letterhead and envelopes and reorder new letterhead and envelopes immediately. Refer to the Brand Guidelines for proper formatting instructions.

**3. The Spectra Laboratories, Rockleigh location has three main phone numbers. Which one should I use for Spectra Clinical Research marketing collateral, stationary, business cards and educational materials?**

For Spectra Clinical Research, please use 800-517-7157 (Toll Free) and +1-201-767-2349.

**4. What company name should I use when answering the phone?**

Spectra Clinical Research. Do not use Spectra Laboratories, Spectra Renal Management, Spectra West or Spectra East.

**5. What company name do I use in my voicemail greeting and Lotus Notes® signature?**

Spectra Clinical Research. Do not use Spectra Laboratories, Spectra Renal Management, Spectra West or Spectra East.

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**Stephanie Paxton**

Director, Sales & Marketing Administration  
800-433-3773, Extension 3079  
stephanie.paxton@fmc-na.com



<b>Basic Standards</b>	The Averity Logo	1.01-1.03
	Primary Color Standards	1.04
	Acceptable Color Usage	1.05
	Unacceptable Color Usage	1.06
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<hr/>		
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<b>Copyright and Frequently Asked Questions</b>	Averity Copyright Language	4.01
	Frequently Asked Questions	4.02

A.  
The Averity logo in Color

B.  
The Averity logo in Black

C.  
The Averity logo in  
Reverse White



**Standard Logo Configuration:**

The word Averity and the logobug should always appear as a lockup. In no instances may the logo be altered or an element be taken out, scaled or resized.





### White Space Requirements:

To protect the integrity and consistency of the Averity Logo, a minimum amount of 0.5" (x) clear space should appear around the logo. This space must remain free of text, colors, or images of any kind.

Note: there is some flexibility, where the white space can be less in instances where there is heavy content in a very limited space.



**Pantone Matching Colors:**

Red: Pantone 201 U

Orange: Pantone 1665 U

Yellow: Pantone 157 U

**4-color Process:**

Red: C0 + M100 + Y63 + K29

Orange: M68 + Y100

Yellow: C0 + M49 + Y62+K0

**Web Safe Colors:**

Red: 993333

Orange: FF6633

Yellow: FF9966

**Primary Colors**



Pantone 201 U



Pantone 1665 U



Pantone 157 U

**4-color Process Colors**



C 0  
M 100  
Y 63  
K 29



C 0  
M 68  
Y 100  
K 0



C 0  
M 49  
Y 62  
K 0

**Web Safe Colors**



993333



FF6633



FF9966

A.

The logo may appear in Averity colors on a white background.

B.

The logo may appear in black on a white background.

C.

The logo may appear in reverse white on a black background.

D.

The logo may appear in reverse white on one of three Averity color backgrounds.

E.

Embossing may be used to add prestige for special situations.

F.

Reverse the logo when background color is darker than 60% black; use black logo when background is 40% black or lighter.



A.



F.



B.



C.



D.



E.



A.

DO NOT rotate Averity colors or transpose colors on the logo.

B.

DO NOT use any color other than the standard Averity colors.

C.

DO NOT place the logo on a background that does not provide a strong contrast visually with the logo.

D.

DO NOT reverse the logo partially; always full reverse in one color.

E.

DO NOT outline the logo in white or in any other color on a background.

F.

DO NOT place the logo on a photographic background in either full color or reverse.



A.



F.



B.



C.



D.



E.

A consistent and well-coordinated system of typography enhances the unity and integrity of all Averity communications.

Helvetica family is the font used throughout the identity; there are no substitute fonts.

### Helvetica Neue Bold

**ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz 1234567890**

### Helvetica Neue Roman

ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz 1234567890

### Helvetica Neue Light

ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz 1234567890

### Helvetica Neue Italic

*ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz 1234567890*

***Helvetica Bold Italic***  
***Helvetica Roman Italic***

*Helvetica Light Italic*  
*Helvetica Thin Italic*

**Averity Logo Colors:**

- Red: Pantone 201 U
- Orange: Pantone 1665 U
- Yellow: Pantone 157 U

**Spectra Logo Colors:**

- Blue: Pantone 646 C
- Orange: Pantone 1665 C
- Gray: Pantone Cool Gray 9 C

**Screened back logo bug:**

- Yellow: Pantone 457 U, 10% Screen

**Acceptable Fonts:**

Default Sans Serif, Verdana and Arial.  
Under no circumstances is Comic Sans or Times New Roman allowed.

Address:

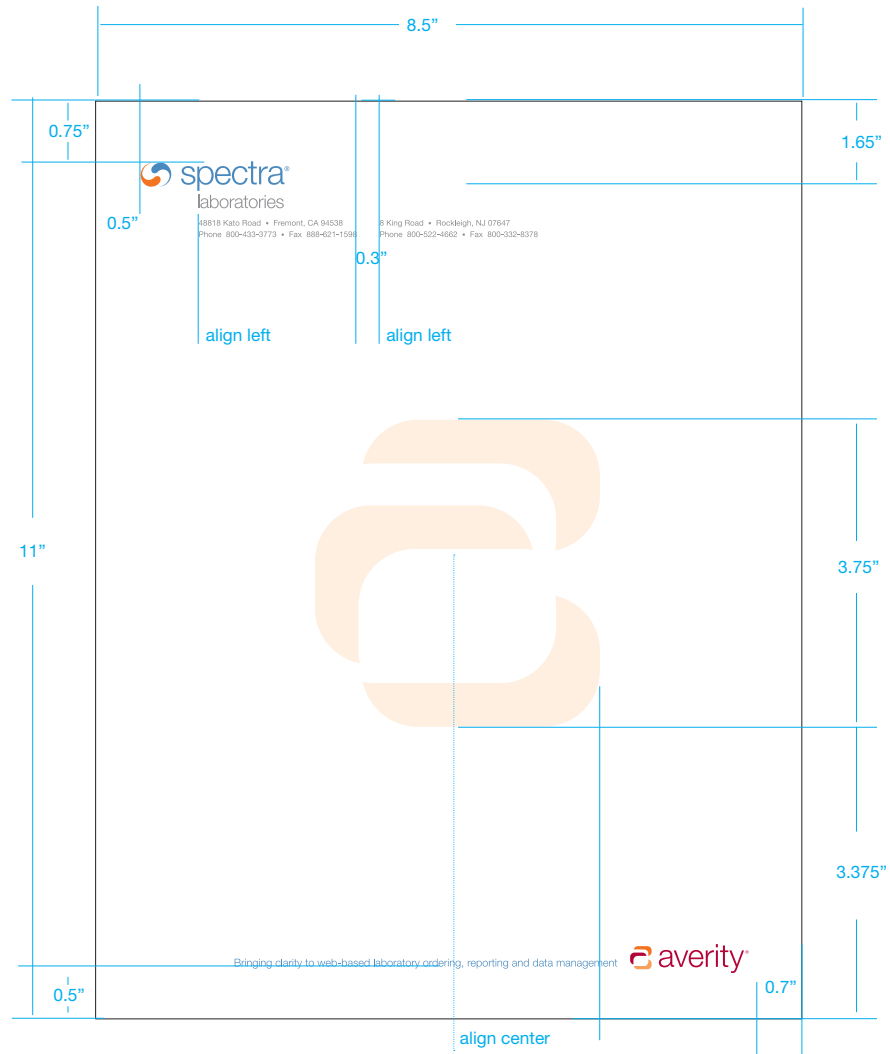
Font size: 8 pt. leading 11 pt.  
Align left

Body Text:

Acceptable font size: 10 pt.–12 pt.  
Align left

**Size:**

8.5" x 11"



**Logo Colors:**

Red: Pantone 201 U  
Orange: Pantone 1665 U  
Yellow: Pantone 157 U

**Web Safe Colors:**

Red: 993333  
Orange: FF6633  
Yellow: FF9966

**Background Color:**

Red: C0 + M100 + Y63 + K29

**Font:**

Title: Helvetica Neue Bold 38-48 pt.  
Subtitle: Helvetica Neue Bold 32-36 pt.  
Body Text: Helvetica Neue 24-30 pt.

Acceptable Alternative Fonts:

Default Sans Serif, Verdana and Arial.

Under no circumstances is Comic Sans or Times New Roman allowed.

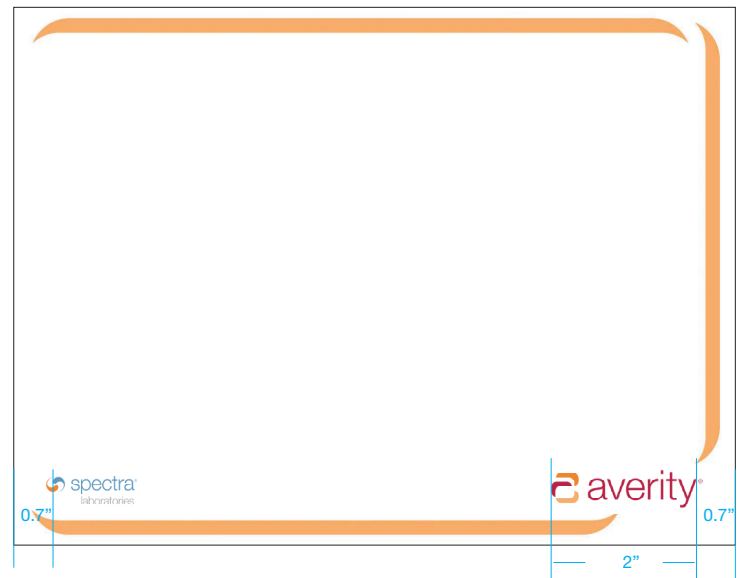
**Document Size:**

10" x 7.5"

Title page



Contents page



**Colors:**

Red: Pantone 201 U  
C0 + M100 + Y63 + K29

Orange: Pantone 1665 U

Yellow: Pantone 157 U  
C0 + M49 + Y62 + K0

Blue: Pantone 646 U  
C65 + M30 + K11

Black: 100%K

Back Cover Logo Bug  
25% PMS Pantone 1665 U

**Font:**

Document Title:  
Helvetica Neue 45 Light 65 pt.

Header Text:  
Helvetica Neue 45 Light 12.3 pt.

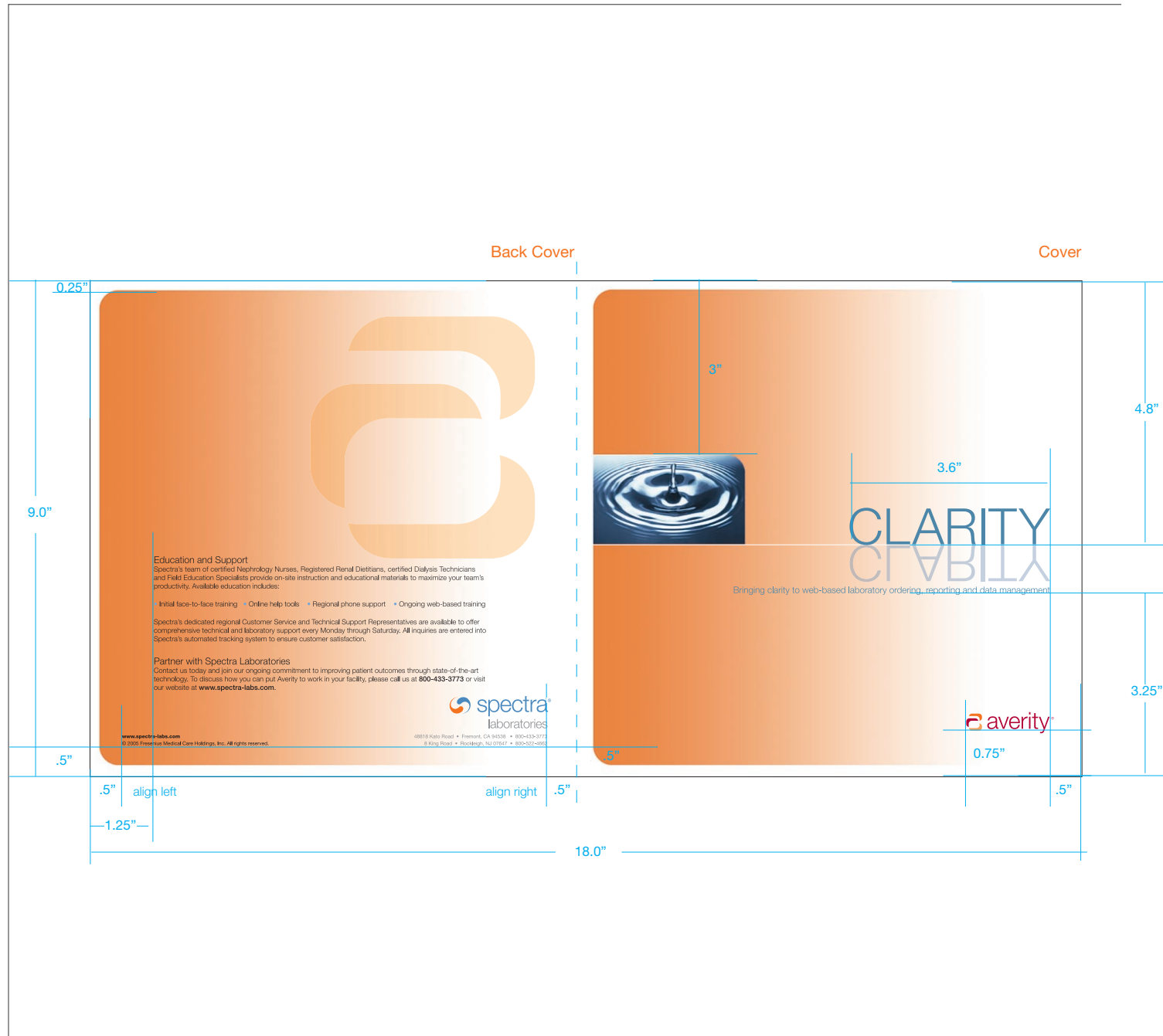
Body Copy:  
Helvetica Neue 45 Light 9.3 pt. leading 11 pt.

Address Text:  
Helvetica Neue 55 Roman 7 pt. leading 9 pt.

Copyright Text:  
Helvetica Neue 55 Roman 6 pt. leading 9 pt.

**Size:**

2- 9" x 9" panels + Pocket Panel 8 7/8"  
Finished size 9" x 9" bifold





**Font:**

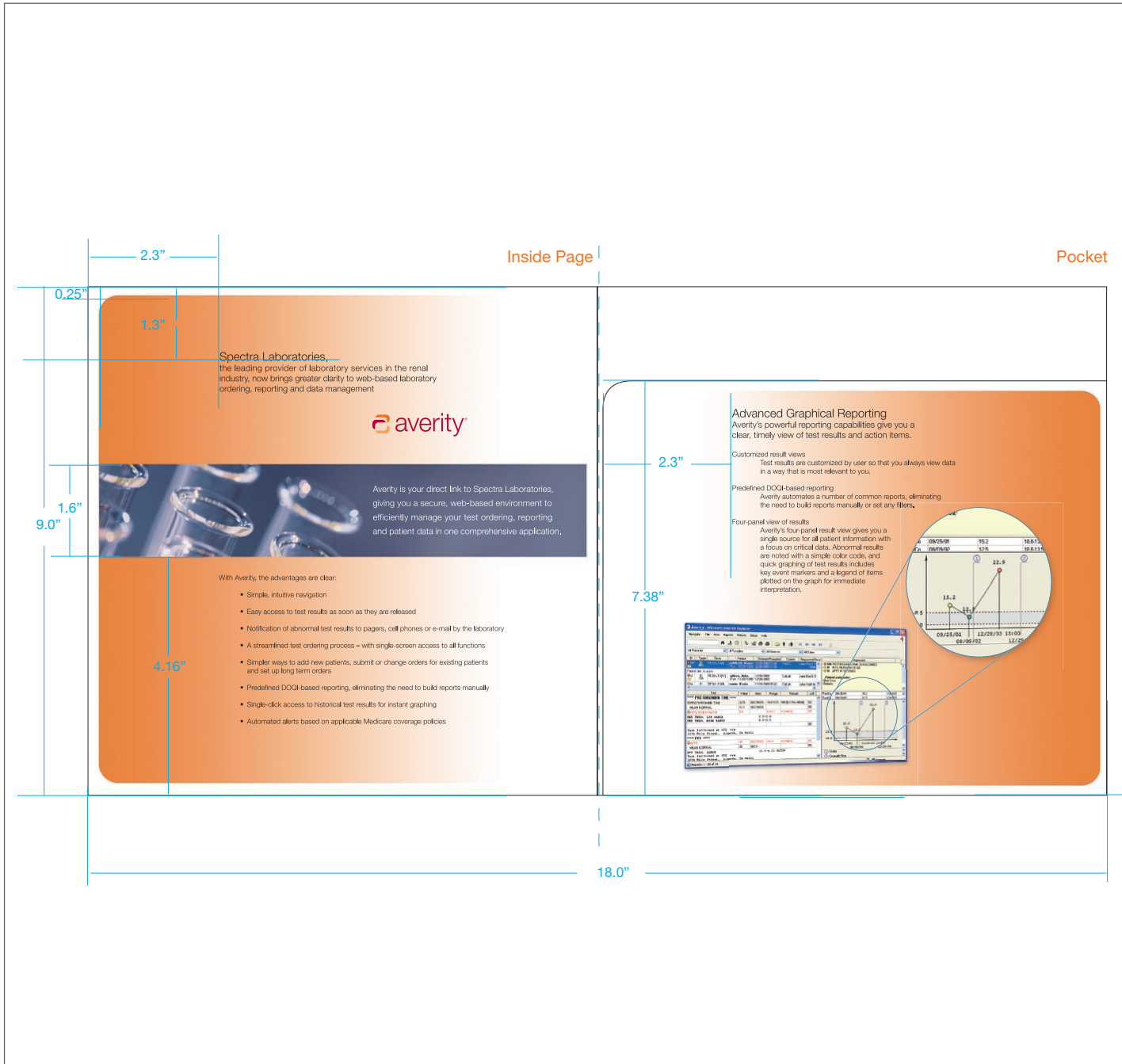
Document Title:  
Helvetica Neue 45 Light 65 pt.

Header Text:  
Helvetica Neue 45 Light 12.3 pt.

Body Copy:  
Helvetica Neue 45 Light 9.3 pt. leading 11 pt.

**Size:**

2- 9" x 9" panels + Pocket Panel 8 7/8".  
Finished size 9" x 9" bifold



**Colors:**

Red: Pantone 201 U  
C0 + M100 + Y63 + K29

Orange: Pantone 1665 U

Yellow: Pantone 157 U  
C0 + M49 + Y62 + K0

Blue: Pantone 646 U  
C65 + M30 + K11

Black: 100%K

**Font:**

Document Title:  
Helvetica Neue 45 Light 20 pt. leading 19 pt.

Header Text:  
Helvetica Neue 45 Light 15 pt. leading 19 pt.

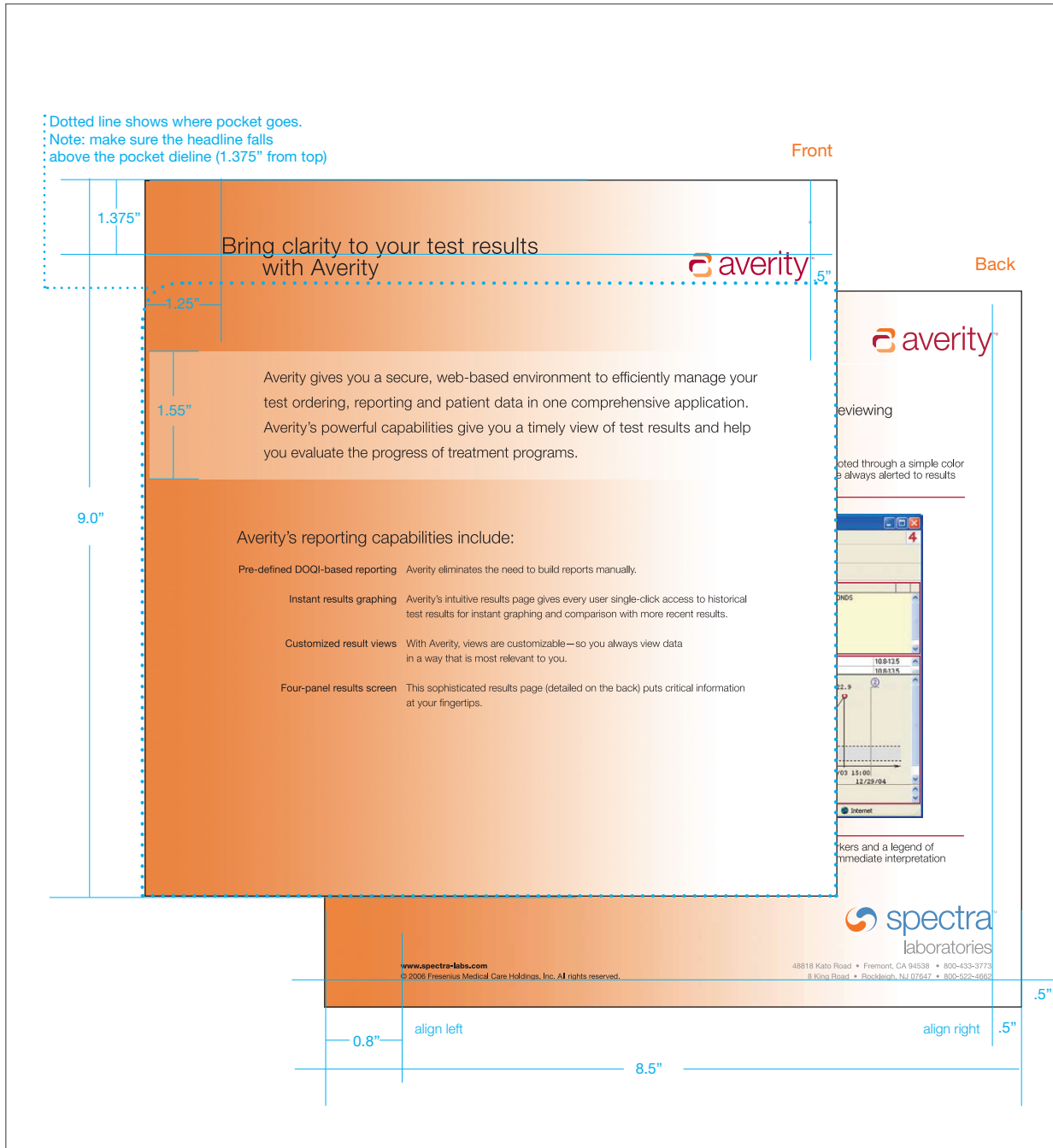
Body Copy:  
Helvetica Neue 45 Light 9 pt. leading 13 pt.

Address Text:  
Helvetica Neue 55 Roman 7 pt. leading 9 pt.

Copyright Text:  
Helvetica Neue 55 Roman 6 pt. leading 9 pt.

**Size:**

8.5" X 8.5"



Spectra Laboratories Copyright Language - Per our Corporate Legal Department, the general rule is that we use:

**© 2007 Fresenius Medical Care Holdings, Inc. All rights reserved.  
Averity® and the Averity logo are trademarks of Fresenius Medical Care Holdings, Inc.**

The copyright should be placed at the bottom of the document, preferably in the right hand corner in 6.5 point Helvetica Neue font.

In most cases using the “Fresenius” copyright is desired. Other uses must be approved before printing.

If you have a unique situation which requires the use of a Spectra Laboratories copyright, please contact:

Shelly St. Hill  
Manager of Marketing Communications  
800-433-3773, Extension 3018  
shelly.sthill@fmc-na.com

Stephanie Paxton  
Director, Sales & Marketing Administration  
800-433-3773, Extension 3079  
stephanie.paxton@fmc-na.com

**1. What do I do with existing Averity marketing and educational materials that are not in compliance with these Brand Guidelines?**

Please use these materials until you're at a point where you need to revise or reprint the materials. At that time, please update according to the Brand Guidelines.

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For questions and additional information please contact:

**Shelly St. Hill**

Manager of Marketing Communications  
800-433-3773, Extension 3018  
shelly.sthill@fmc-na.com

**Stephanie Paxton**

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