

Pre and Post Blood Draw Guidelines

The below recommended guidelines were developed over the past years of research by RGCC. The main purpose of these recommendations is to allow the lab to find more cancer cells, viruses and/or Lyme in the patient's blood sample, allowing for the most accurate test results, and most effective therapies.

Q: How long should you wait to draw blood after medical therapies/ procedures?

A: The time frames for all are based on the time it takes to be metabolized by the body and/or be eliminated from the cells. These are guidelines and may be longer depending on the status of the patient.

Pre Blood-Draw:

1. For Virus/Lyme (V. Antagonist) SOT:

- a. The patient must be off ALL antiviral/antibacterial/antiparasitic medications and therapies for **14 days** prior to the blood draw. These include antibiotics and antiviral medications and herbs, as well as IVs like Vitamin C or Ozone.
- b. **Note:** Detox supplements such as binders, glutathione, cytokine reducers, etc. will not interfere with the action of the SOT and can be used pre-SOT blood draw.

2. For Cancer Tests, Cancer Therapies, and DendroCov Therapy:

- a. The patient must be off ALL cytotoxic and free radical producing therapies. If drawing for cellular therapies, the patient must be off ALL immune suppressing therapies as well. See the list below for specific timelines.
- b. **REASON:** The breakdown of the CTC caused by these therapies creates debris and clouds the field. Removing these therapies prior to the blood draw will allow time for the body to clear the debris providing the best quality blood sample ensuring better quality test results and therapy targets.

- **Natural Substances** (IV): cytotoxic substances like Vitamin C or Ozone at least **14 days**
- **Natural Substances** (oral supplements): Class 1 cytotoxic substances (per patient's Onconomics Plus results) at least **14 days**
- **Chemotherapy** (non-platinum derivative): at least **14 days**
- **Chemotherapy** (platinum derivative): at least **21 days**
- **MOAB or SMW drugs** for at least **14 days**
- **Immune Suppression therapies** – for at least **14 days** (cellular therapies)
- **Blood Transfusions:** at least **120 days**
- **Radiation:** at least **14 days**
- **Contrast:** at least **14 days**
- **Surgery** (simple/routine): at least **7-10 days**
- **Surgery** (brain or extensive): minimum of **30 days** based on time of recovery. Could be longer if slow recovery or if the person had some type of adverse reaction. Must be evaluated on a case-by-case basis.
- **Fever:** at least **14 days**
- **Hyperthermia** (local/concentrated/microwave ablation): at least **30 days** due to increase in cellular debris released into blood stream.
- **Hyperthermia** (generalized/systemic): no waiting
- **Cryoablation:** no waiting
- **Immune Suppression Medication** (All pre-Cellular Therapies – VAXO-Q-RE, Vaccine Prep, Dendritic Cells, DendroCov): at least **14 days**
- **Radioactive Seeds:** Patients are not eligible for therapies due to the prolonged and undetermined time of the radiation exposure
- **Gamma Delta T Cell Therapy (GDTC):** Patients are not eligible for therapies due to the potential interaction with RGCC therapies.

Post Blood-Draw:

- For **Cancer** (Apoptosis): All therapies may be resumed the day after the blood draw.
- For **Virus/Lyme** (V. Antagonist): All therapies may be resumed the day after the blood draw.