WHEN READY TO SHIP, ENSURE THE FOLLOWING:

All tubes are:

Tig	htl	v c	los	ed

Marked with first and last name,	gender, collection	date, and tot	al urine
volume in milliliters (ml)			

☐ Sealed in biohazard bag with absorbent pad

☐ All sections of **requisition form completed**.

☐ Payment included or completed online.

☐ All specimens placed back in original box.

SHIP THE SPECIMEN(S) TO THE LAB

Please refer to the shipping instruction insert found in your sample collection pack.

VISIT YOUR PATIENT RESOURCE CENTER AT WWW.GDX.NET/PRC

- · Access test results
- Make payments
- Complete health surveys





Call 800.522.4762 or visit our website at www.gdx.net

Comprehensive Urine Elements NUTRITIONAL

PATIENT URINE COLLECTION INSTRUCTIONS FOR THE FOLLOWING PROFILE(S)

Comprehensive Urine Elements Profile* Urine #3527 **Toxic Element Clearance Profile*** Urine #3529

COLLECTION MATERIALS FOR SPECIMEN



ADDITIONAL MATERIALS

- · Disposable vinyl glove
- · Test requisition form
- Biohazard bags with side pocket with absorbent pads (3)
- · Specimen collection pack

 FedEx® Clinical Lab Pak and Billable Stamp

If any items are missing or expired, or liquid is spilled, call Client Services at 800.522.4762 and press "1"

IMPORTANT PREP BEFORE PATIENT TAKES TEST

For full details and explanations refer to: www.gdx.net/tests/prep

- Female patients should not collect urine during a menstrual period.
- 2 Days before the test discontinue all of the following (unless instructed otherwise by your physician):
- » Supplements containing creatinine, vitamin C or any mineral elements measured on this test
- » Other substances that may influence urinary element excretion of elements
- » Seafood (unless asked to continue by your healthcare provider)
- » Continue with the above food restrictions until your sample is completely collected

* Not available in New York

COLLECTION

- Completely fill out front and back of test requisition form.
 Failure to provide all information will result in delay of test processing.
- 2 Check your Requisition to determine if this is a "Random/ Timed" collection or a "24-Hour" collection.

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FOR 24-HOUR COLLECTION: Skip the first urination after arising on the first day of the test. Collect all subsequent urinations for the next 24 hours, including your first urination of the next day. Refrigerate jug through 24 hour collection period.

FOR RANDOM/TIMED COLLECTION: Collect all urinations for the period specified by your healthcare provider. Minimum volume of urine must be 120 ml or 4 oz. Refrigerate jug through collection period.

Using the cup, collect each urination and pour into the large jug. Do not rinse the cup with tap water or clean the cup with cloth or paper. Keep the lid on the cup between urinations. Recap jug.



5 Preparing the Sample

IF YOU ONLY USED ONE JUG:

Set the jug on a level surface and note the total volume using the milliliter marks on the jug. **Write** the amount of urine on the Requisition in the space labeled Total Urine Volume. After tightening the lid, **invert** the orange collection jug repeatedly for 30 seconds to mix contents.

IF YOU USED TWO JUGS:

Put on the disposable gloves and **mix** the urine together by pouring back and forth between the jugs. When thoroughly mixed, **note the volume of each jug using the milliliter marks on the jugs. Add** these amounts, then **write** the total amount of urine on the Requisition in the space labeled Total Urine Volume.



Select either jug for step #6.



- **Use the pipette** to transfer urine to fill both tubes. **Cap** the tubes securely. **Discard** the remaining urine, the large collection jug(s), gloves, and other kit components.
- Write patient's first and last name, gender, date of collection and total urine volume in milliliters (ml) on both tubes. Place the tubes in the Biohazard bag. Refrigerate until ready to ship.
- 8 Complete the Requisition form, including "Total Volume" and "Date of Collection".



