# WHEN READY TO SHIP, ENSURE THE FOLLOWING:

All tubes are:	
☐ Tightly closed	
☐ Marked with first and milliliters (ml)	last name, gender, collection date, and total urine volume in
☐ Sealed in biohazard b	ag with absorbent pad
☐ All sections of <b>requisitio</b>	n form completed.
☐ Payment included or ma	arked on requisition form.
☐ All specimens placed ba	ck in original box.

## SHIP THE SPECIMEN(S) TO THE LAB

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



Call 020 8336 7750 or visit our website at www.gdx.net/uk 46 - 50 Coombe Road • New Malden, Surrey KT3 4QF

©2019 Genova Diagnosticss NUT09\_1019

# Comprehensive Urine Elements NUTRITIONAL

#### PATIENT URINE COLLECTION INSTRUCTIONS FOR THE FOLLOWING PROFILE(S)

**Comprehensive Urine Elements Profile** Urine **Toxic Element Clearance Profile** Urine

### **COLLECTION MATERIALS FOR SPECIMEN**



#### ADDITIONAL MATERIALS

- · Disposable vinyl glove
- Labels (2)
- · Test requisition form
- Biohazard bags with side pocket with absorbent pads (3)
- · Specimen collection pack
- · Mailing Envelope

If any items are missing or expired, or liquid is spilled, call 020 8336 7750.

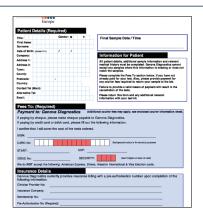
#### **IMPORTANT PREP BEFORE PATIENT TAKES TEST**

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

#### COLLECTION

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



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.







- 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.
- Complete the Requisition form, including "Total Volume" and "Date of Collection".



