

## WHEN READY TO SHIP, ENSURE THE FOLLOWING:

### All tubes are:

- Tightly closed
- Marked with **first and last name, gender, collection date**, and **total urine volume in milliliters (ml)**
- Sealed in biohazard bag with absorbent pad
- All sections of **requisition form completed**.
- Payment included** or marked on requisition form.
- 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.



Call 020 8336 7750 or visit our website at [www.gdx.net/uk](http://www.gdx.net/uk)  
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## Comprehensive Urine Elements NUTRITIONAL



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

<b>Comprehensive Urine Elements Profile</b>	Urine
<b>Toxic Element Clearance Profile</b>	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](http://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



- 1 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.

- 3 **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.

- 4 **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.**



- 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.
- 7 **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".

