

# ION<sup>SM</sup> PROFILE - PATIENT

## URINE SPECIMEN COLLECTION INSTRUCTIONS

**THIS SPECIMEN COLLECTION KIT CAN BE USED FOR THE FOLLOWING TEST(S):**

**0090 ION PROFILE** - Blood/Urine

**0190 ION PROFILE NY** - Blood/Urine

**0490 ION PROFILE w/AMINO 40** - Blood/Urine

**0590 ION PROFILE w/AMINO 40 NY** - Blood/Urine

**1075 IgG<sub>4</sub> FOOD ANTIBODIES** - Serum

**0068 CHEMISTRIES** - Serum

**0088 NEOPTERIN/BIOPTERIN PROFILE** - Urine

**PLEASE NOTE:** The ION Profile requires the patient to collect urine at home. This should be done prior to the blood collection. **All specimens, urine and blood, must be shipped together.** (Blood collection instructions are explained in the ION Profile - Clinician Specimen Collection Instructions.)

### PLEASE NOTE:

*All patient specimens require two unique identifiers (patient's name and date of birth), as well as date of collection.*

**Patient's first and last name, date of birth, and date of collection must be recorded on the Test Requisition Form as well as all tube(s) and/or vial(s), using a permanent marker, or the test may not be processed.**

## SPECIMEN

Serum, 6 ml (2 tubes, 3 ml each), frozen; Plasma, 2.5-3 ml, frozen; Whole Blood, room temperature; Overnight Urine, 12 ml, frozen;  
*Additional 3 ml of Serum is required if ordering #1075 with the ION Profile*

## COLLECTION MATERIALS

- Clean collection container (NOT included in this kit)
- Clear cap plastic vial with thymol preservative
- Disposable pipette

## SHIPPING MATERIALS

- Plastic shell tube tray
  - Orange absorbent pad
  - 3 Ice packets
  - Test Requisition Form
  - Personal Health Assessment Form
  - Biohazard bag with side pocket
  - Specimen collection kit box
- \*See shipping instructions for specific details on how to ship your specimen*



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www.diagnosticinsight.com.au

Please read all instructions carefully before beginning.

## PATIENT PREPARATION

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- It is not necessary to discontinue nutritional supplements prior to this specimen collection. Abnormalities that may be found will reveal special needs that have not been met by recent dietary and supplemental intake.
- **Please Note: For test #1075 IgG<sub>4</sub> Food Antibodies ONLY:**
  - The use of immunosuppressive drugs, like cortisone, can give false negative test results. Discontinue the use of such drugs for 60 days before testing to allow antibody reactions to be seen.
- **DECREASE** fluid (water, juice, coffee, tea, etc.) intake to avoid excessive dilution of the urine
  - Restrict intake to three 250 ml glasses or less for 24 hours
  - **Make sure that no more than 250 ml of this is consumed after 8:00 PM the evening prior to urine collection**
- **Do NOT** collect urine during menstruation
- Vial contains preservative - Do Not Rinse

## URINE COLLECTION

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1. **WRITE** patient's first and last name, date of birth, and date of collection on the Test Requisition Form, as well as on the clear cap plastic vial, using a permanent marker.
2. **EMPTY** bladder before going to bed at night. **DO NOT** collect this urine.
3. **COLLECT** urine (if any) during the night and first morning urine into a clean container.
4. **PIPETTE** urine, using a fresh disposable pipette, into the clear cap plastic vial to the 12 ml mark. (**DO NOT OVERFILL**) Screw the cap on tightly.
5. **DISPOSE** of the remaining urine.
6. **FREEZE** the clear cap plastic vial and the ice packet.

## BLOOD COLLECTION PREPARATION

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- **SCHEDULE** the blood drawing appointment on a **Monday through Thursday morning**. Inform the doctor or lab that a centrifuge is needed to prepare the blood specimens. The kit contains all of the tubes required for collection.
- **Do NOT** have anything to eat or drink (other than water) after 9:00 PM the night before your blood is drawn
- **STAPLE** payment to the bottom right-hand corner of the completed Test Requisition Form and **COMPLETE** the Personal Health Assessment Form; **FOLD** and **PLACE** them in the side pocket of the biohazard bag.
- **TAKE** frozen urine specimen (placed in biohazard bag with frozen ice packet) and **ALL** collection and shipping materials with you to the blood drawing site. This will allow the blood and urine specimens to be shipped together to the lab.

## CHECKLIST (PRIOR TO SHIPPING)

### INCLUDES BLOOD & URINE SPECIMENS

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#### 1. TUBES

- Patient's first and last name, date of birth, and date of collection are written on all tubes and vials
- All the tubes and vials are capped tightly

#### 2. FROZEN

- Clear cap plastic vial (urine)
- 2 Red top amber transfer tubes
- Lavender top clear transfer tube
- 3 Ice packets

#### 3. REFRIGERATE (ONLY IF #1075 IS ORDERED)

- Red top clear transfer tube

#### 4. ROOM TEMPERATURE

- Royal-blue top EDTA tube

#### 5. TEST REQUISITION FORM WITH PAYMENT

- Test Requisition Form is complete
- Personal Health Assessment Form is complete
- Payment is included