

# ORGANIX<sup>SM</sup> (ORGANIC ACIDS) PROFILE

## SPECIMEN COLLECTION INSTRUCTIONS

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

**0091 ORGANIX<sup>SM</sup> COMPREHENSIVE** - Urine

**0291 ORGANIX<sup>SM</sup> BASIC** - Urine

**0097 ORGANIX<sup>SM</sup> DYSBIOSIS** - Urine

**0087 DNA/OXIDATIVE STRESS MARKER (8-OHdG)** - Urine

### 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

Overnight Urine, 12 ml, frozen

### COLLECTION MATERIALS

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

### SHIPPING MATERIALS

- Orange absorbent pad
- Ice pack
- Test Requisition Form
- Biohazard bag with side pocket
- Specimen collection kit box

*\*See shipping instructions for specific details on how to ship your specimen*



US Call 800.221.4640  
www.metamatrix.com



AU Call +61 2 9966 9990  
NZ Call +64 3 381 2255  
www.diagnosticsinsight.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.
- **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 remaining urine.
6. **FREEZE** the clear cap plastic vial and ice pack.

## **SPECIMEN PREPARATION**

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1. **PLACE** the frozen urine collection, frozen ice pack, and orange absorbent pad into the biohazard bag.
2. **FOLD** the completed Test Requisition Form with attached payment; **PLACE** them in the side pocket of biohazard bag.
3. **SEAL** the biohazard bag; **PLACE** it into the specimen collection kit box and close the box.

## **CHECKLIST (PRIOR TO SHIPPING)**

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1. **VIAL**
  - Patient's first and last name, date of birth, and date of collection are written on vial
  - Vial is capped tightly
2. **FROZEN**
  - Clear cap plastic vial
  - Ice pack
3. **TEST REQUISITION FORM WITH PAYMENT**
  - Test Requisition Form is complete
  - Payment is included