

PORPHYRINSSM PROFILE

SPECIMEN COLLECTION INSTRUCTIONS

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

0060 PORPHYRINS PROFILE - 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, 10 ml, frozen

COLLECTION MATERIALS

- Clean collection container (NOT included in this kit)
- White cap amber plastic vial with Na₂CO₃ preservative
- Disposable pipette

SHIPPING MATERIALS

- Orange absorbent pad
- Large ice pack
- Test Requisition Form
- Biohazard bag with side pocket
- Insulated specimen collection kit box

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



US Call 800.221.4640
www.metametrix.com



AU Call +61 2 9966 9990
NZ Call +64 3 381 2255
www.diagnosticinsight.com.au

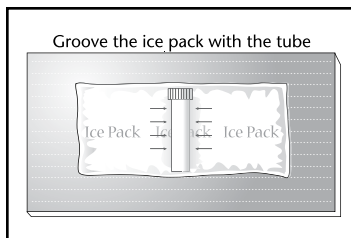
Please read all instructions carefully before beginning.

PATIENT PREPARATION

- 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
- Please keep specimen out of excess light and heat. Storing specimen in the amber vial in the freezer or with an ice pack provides specimen stability.

URINE COLLECTION

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 white cap amber 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. It is not necessary to refrigerate urine collected during the night.
4. **HOLD** white cap amber plastic vial up to light to see 10 ml mark. It is about 1 inch from the top of the vial. **PIPETTE** urine, using a fresh disposable pipette, into the white cap amber plastic vial to the 10 ml mark. (**DO NOT OVERFILL**) Screw the cap on tightly.
5. **DISPOSE** of the remaining urine.



6. **IMMEDIATELY REMOVE** insulated lid from box. Place ice pack on the foil side of the insulated lid and smooth flat. Place the plastic vial on top of the ice pack and press it into the ice pack. Place everything in freezer until fully frozen (8-12 hours).

SPECIMEN PREPARATION

1. **PLACE** the frozen urine collection and the orange absorbent pad into the biohazard bag and seal.
2. **FOLD** the completed Test Requisition Form with attached payment; **PLACE** them in the side pocket of biohazard bag.
3. **PLACE** the frozen ice pack in the insulated box with the specimen groove facing up.
4. **PLACE** biohazard bag with specimen on top of frozen ice pack ensuring specimen fits in groove.
5. **TUCK** ends of biohazard bag down sides of insulation so that lid fits securely. Place lid, foil side facing down, on top. Close box.

CHECKLIST (PRIOR TO SHIPPING)

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**
 - White cap amber plastic vial
 - Large ice pack
3. **TEST REQUISITION FORM WITH PAYMENT**
 - Test Requisition Form is complete
 - Payment is included