

Nutrient & Toxic Elements 6-8 Hr.

Specimen Collection Instructions

This specimen collection kit can be used for the following test(s):

- 0052 Nutrient & Toxic Elements (6-8 hour) - Urine
- 0055 Nutrient & Toxic Elements (6-8 hour) NY - Urine
- 0152 Toxic Metals (6-8 hour) - Urine
- 0155 Toxic Metals (6-8 hour) NY - Urine

IMPORTANT:

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, gender, 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

6-8 Hour Urine, 11 ml, refrigerated

Collection Materials

Shipping Materials*

- | | |
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| <ul style="list-style-type: none">• Urine collection container -trace mineral free• Teal cap plastic vial -trace mineral free• Disposable pipette | <ul style="list-style-type: none">• Absorbent pad• Ice pack• Test Requisition Form• Personal Health Assessment Form• Biohazard bag with side pocket• Specimen collection kit box• FedEx® Clinical Lab Pak and Billable Stamp <p><i>*International shipping may vary, please see shipping instructions for more details.</i></p> |
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Please read all instructions carefully before beginning.

Patient Preparation

- It is best to **ship your specimen within 48 hours of collection**. Please refer to the enclosed shipping instructions **before** you collect to determine what days you can ship your specimen.
- **It is not necessary** to have the patient fast
- ***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*
 - » **Seafood*
- **Decrease** fluid intake to avoid excessive dilution of the urine
 - **For adults, restrict** intake to three 8 oz. glasses or less for 24 hours
 - Make sure that **no more than 8 oz.** of this is consumed **after 8:00 PM** the evening prior to urine collection
- **Do not collect urine** during menstruation
- To prevent environmental contamination, **DO NOT OPEN** the collection container until ready to collect the specimen.

NOTE: Your healthcare provider may administer or provide you with instructions for administering a chelating agent before and/or during urine collection.

- If you were given a chelating agent, mark “**YES**” by “**CHELATING AGENT GIVEN**” on the Test Requisition Form under section #4 “Test Information”.
Record chelating agent used. If not, mark **NO**.

Urine Collection

1. **Write patient’s first and last name, date of birth, gender and date of collection** on the Test Requisition Form (located in the pouch on top of the Specimen Collection Kit Box), as well as the teal cap plastic vial, using a permanent marker.
 - **IMPORTANT:** To ensure accurate test results you **MUST** provide the requested information.
2. **Empty** bladder before beginning the 6-8 hour collection. **DO NOT collect** this urine.

NOTE: To avoid contamination of the specimen, **Wash** hands thoroughly with soap and water before each collection in the 6-8 hour period. **Rinse and dry** with a paper towel.

3. **Collect** urine for the next 6-8 hours (or as directed by your healthcare provider) into the urine collection container, and keep container tightly closed between each use.
4. **Invert** the collection container gently 6-10 times to mix. **Uncap** for transfer
5. **Pipette** urine, using a fresh disposable pipette, from the collection container into the teal cap plastic vial to the 11 ml mark (**DO NOT OVERFILL**). **Screw** the cap on tightly.
6. **Dispose** of the remaining urine and the collection container.
7. **Refrigerate** the teal cap plastic vial.
8. **Freeze** the ice pack.

Specimen Preparation

1. **Place** the refrigerated urine specimen, frozen ice pack, and absorbent pad into the biohazard bag.
2. **Staple** payment to the bottom right-hand corner of the completed Test Requisition Form. **Fill** out the Personal Health Assessment Form. **Fold** and **place** them in the side pocket of the biohazard bag.
3. **Seal** the biohazard bag; **Place** it into the specimen collection kit box and **close** the box.

Checklist (Prior to Shipping)

1. Vial

- ☐ Patient's first and last name, date of birth, gender, and date of collection are written on the vial
- ☐ Vial is capped tightly

2. Refrigerated

- ☐ Teal cap plastic vial

3. Frozen

- ☐ Ice pack

4. Test Requisition Form with Payment

- ☐ Test Requisition Form is complete - Test is marked, Patients first and last name, date of birth, gender and date of collection are recorded.
- ☐ Personal Health Assessment Form
- ☐ Payment is included



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