Organix™ (Organic Acids) Profile

Specimen Collection Instructions

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

0091 Organix™ Comprehensive - Urine
0291 Organix™ Basic - Urine
0097 Organix™ Dysbiosis - Urine
0087 DNA/Oxidative Stress Marker (8-OHdG) - Urine
0088 Neopterin/Biopterin Profile - Urine
0391 Organix Comprehensive NY - Urine
0397 Organix Compounds of Microbial Origin NY - Urine
3291 Organix Basic 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

Overnight Urine, 12 ml, frozen

Collection Materials

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

Shipping Materials

• 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

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Please read all instructions carefully before beginning.

Patient Preparation

- It is best to ship your specimen within 24 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 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 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
- Vial contains preservative - Do Not Rinse

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 on the clear-cap plastic vial, using a permanent marker.
   - IMPORTANT: To ensure accurate test results you must provide the requested information.
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

1. Place the frozen 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 and complete 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 cap is screwed on tightly
2. Frozen
   - Clear-cap plastic vial (urine)
   - Ice pack
3. Test Requisition Form with Payment
   - Test Requisition Form is complete
   - Personal Health Assessment Form is complete
   - Payment is included