Step 3: Returning The Sample To The Laboratory

Samples must be returned to Genova Diagnostics by overnight delivery to arrive next day.

For UK mainland patients only: Genova Diagnostics recommends using the enclosed courier collection service, or alternative e.g.: Royal Mail, Special Delivery. The mailing envelope is not pre-paid.

For patients outside of the UK: please arrange an international courier such as FedEx, DHL, UPS.

Please note: the laboratory is closed at weekends. Samples should not be in transit over the weekend; please arrange for the samples to be sent overnight and to arrive no later than Friday.

- Plan to return the sample Monday – Thursday by overnight delivery only.
- If sample is completed on a Friday - Sunday, please keep frozen until Monday and return it on Monday for Tuesday.
- Make sure the collection tubes are tightly closed and identified with completed label. Failure to complete the label correctly will result in the sample being rejected.
- Put the tubes in the biohazard bag with absorbent pad and seal it securely.
- Place the biohazard bag in the silver pouch with the frozen freezer brick.
- Place the sealed silver pouch inside the mailing envelope with your completed and signed requisition form.
- Seal the envelope.
- Once posting/couriering of samples has been arranged, keep any tracking numbers issued by the courier / Royal Mail for future reference.

Metabolic Analysis Profile

Check Your Kit

A - 1 Urine collection cup
B - 1 Blue-top amber tube
C - 1 Clear-top tube
D - 2 Collection labels
E - 1 Pipette
F - 1 Glove
G - 1 Biohazard bag and absorbent pad
H - 1 Gel freezer brick
I - 1 Silver pouch
J - 1 Requisition (to be completed and signed)
K - 1 Mailing envelope

- If any of the items are missing or expired, call the laboratory on 020 8336 7750.
- The appearance of the above kit components are for illustration use only and actual contents may vary slightly from that shown.
### Step 1:

**Important things to know and consider**

- Abnormal kidney function or use of diuretics may influence test results. This test should not be performed on individuals with kidney disorders. In addition, certain medicines may impact test results [e.g. adrenal steroids including corticosteroids, antibiotics, amphetamines, cephalosporins, cimetidine (Tagamet), fibrates (e.g. Ciprofibrate), penicillin or D-penicillamine, and trimethoprim]. Let your practitioner know about your use of these medications. **Do not change use of medications unless instructed to do so by your healthcare provider.**

- **4 Days before the test** discontinue all of the following (unless instructed otherwise by your practitioner): Non-essential vitamins, minerals, amino acids, and herbal supplements taken regularly – including enhanced sports drinks, energy drinks, and vitamin waters.

- **2 days before the test:** (unless instructed otherwise by your practitioner)
  - Discontinue creatine, alpha-ketoglutarate, and malic acid supplements, as well as citrate, malate, or orotate forms of minerals.

- **24 hrs before the test:** Avoid eating or drinking any products containing aspartame (Nutra-Sweet, Splenda, Canderel) and monosodium glutamate (MSG), and avoid over-consuming any single food. Otherwise, eat your usual diet.

- It is essential to avoid excessive fluid intake for the 24 hours prior to collection. Aim to drink no more than an average fluid intake of 1.5 litres, spread throughout the day.

### Schedule and prepare for your urine collection

- **Sample must be frozen for at least 2 hours** prior to returning. Please note: samples completed on Friday – Sunday should be stored frozen until Monday for returning to the laboratory by overnight delivery.

- **Fast overnight** (at least 8 hours) prior to the urine collection.

- **Freeze the enclosed gel freezer brick** for a minimum of 4 hours before sending.

- Please be aware that this test is not suitable for children under the age of 24 months.

- Female patients should not collect samples during menstruation.

- **Complete the requisition form** with all patient and payment information. Be sure it is signed by the patient/ responsible party in the box labelled “Final Sample Date / Time.”

### Step 2:

**Collecting your urine specimen**

Not following these instructions may affect your test results.

**CAUTIONS:** Do not discard tube fluid. Avoid contact of the eyes or skin with the liquid in the tubes. For contact with eyes, wash thoroughly for 15 minutes. For skin contact, wash thoroughly with soap and water. Do not inhale or ingest liquid. For accidental ingestion, contact your healthcare provider at once.

1. **Write your full name (first and last), date of birth, time and date of collection** on the labels using a ballpoint pen or pencil only. Attach the labels to the collection tubes.

2. After awakening for the day, **collect your first morning urine into the cup** provided. After filling the cup, pass any additional urine into the toilet.

3. **Use the pipette to transfer urine** from the collection cup into the tubes until they are nearly full.

4. **Recap both tubes tightly. Shake the blue-top amber tube** to mix thoroughly.

5. **Place the filled tubes into the biohazard bag** and freeze for at least 2 hours prior to sending.

6. **Complete the Requisition Form,** including required signatures and the **date of sample collection.**

Consult your healthcare provider if you have any questions at any time during this test.