

# Step 3:

## Checklist (Prior to Shipping)

**Please note: the laboratory is closed at weekends.** Samples must be received within 24 hours of completion and should not be in transit over the weekend. Please arrange for the samples to be sent with **next day delivery** Monday through Thursday.

### 1. All Tubes

☐ Patient's first and last name, date of birth and time and date of collection written on tube label and subsequently stuck on the urine tubes.

### 2. Test Requisition Form with Payment

☐ Test Requisition Form is complete, **patient's first and last name, date of birth, gender, time and date of collection** are recorded.

### 3. Packing

- ☐ The urine tubes are securely sealed and placed inside the biohazard bag with the absorbent pad.
- ☐ Ensure the biohazard bag is sealed and placed on top on the frozen gel brick inside the wool lined box, following the instructions on the inside of the box lid.
- ☐ Seal the box with the blue security seal provided.

### 4. Tubes - Temperature

☐ If unable to ship immediately, store in a freezer for a maximum of 24 hours to keep specimen stable.

### 5. Shipping

☐ Please refer to the shipping instructions provided with the DHL shipping bag.

## Organix 3301 (formerly Organic Acids 3300 (MET02)) Patient Collection Instructions



Test may not be processed without this information:

### Test Requisition Form



#### Please Provide:

- ☐ Patient's First/last Name
- ☐ Date of Birth
- ☐ Gender
- ☐ Date and Time of Collection

#### All Tubes



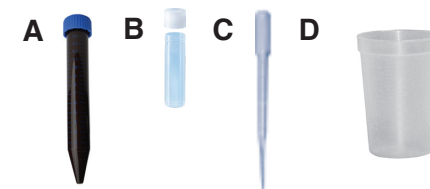
#### Please Label:

- ☐ Patient's First and Last Name
- ☐ Patient's Date of Birth

## Check Your Kit

- A - Blue-top amber tube
  - B - Clear-top urine tube
  - C - Pipette
  - D - Collection Cup
- Biohazard bag and absorbent pad  
1 Glove  
2 Labels  
Gel brick (**to be frozen night before urine collection**)  
2 Wool box liners (**do not throw away**)  
Test requisition form (to be completed)  
Genova sample collection pack box

### Collection Materials



- If any of the items are missing or expired, call the laboratory on 0208 336 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.**
- Please be aware that this test is **not suitable for children under the age of 2.**

## Schedule and prepare for your urine collection

☐ Female patients should not collect samples during menstruation.

☐ **4 days before the test:** *(unless instructed otherwise by your practitioner)* Discontinue 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 hours 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.

☐ **Place the gel brick in the freezer the night before urine collection.**

☐ **Complete the requisition form** with the patient and payment details, and any information requested in red. 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.*

**CAUTION:** 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. Attach them to both of the collection tubes.

**2** After awakening for the day (after 6 to 8 hours sleep), **collect your first morning urine\* in the collection cup** provided in your test pack. After filling the collection cup, pass any additional urine into the toilet.

\* If you wake up to urinate during the night within six hours before your rising time, collect your urine into the collection cup and keep it cool (away from direct heat), then add that sample to the urine you collect when you rise for the day.

**3 Use the pipette to transfer urine** into the tubes until nearly full. Screw the tops on the tubes tightly to avoid leakage. **Shake the blue-top amber tube to mix thoroughly.**

**4** Discard the remaining urine, collection cup, pipette and glove.

**5 Place the filled tubes in the biohazard bag** with the absorbent pad and seal the bag. Freeze until ready to return. Place the biohazard bag in the wool lined box, with the frozen gel brick, following the instructions on the inside of the box lid.

**6 Complete the requisition form, including any information requested in red. Be sure it is signed by the patient / responsible party. The test can not be processed without this information.**

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