

BONE RESORPTION PROFILE

SPECIMEN COLLECTION INSTRUCTIONS

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

0018 BONE RESORPTION - 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

First or Second Morning Urine before 10:00 AM, 8 ml, frozen

COLLECTION MATERIALS

- Clean collection container
(NOT included in this kit)
- Yellow cap plastic vial
- Disposable pipette

SHIPPING MATERIALS

- Absorbent pad
- Ice pack
- Test Requisition Form
- Biohazard bag with side pocket
- Specimen collection kit box
- FedEx® Express Clinical Lab Pak
and Overnight Billable Stamp



Call 800.221.4640 or visit our website at www.metametrix.com

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
- **It is NOT** necessary to discontinue nutritional supplements prior to this test. 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

URINE COLLECTION

1. **WRITE** patient's first and last name, date of birth, 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 yellow cap plastic vial, using a permanent marker.
2. **EMPTY** your bladder before going to bed at night. **DO NOT** collect this urine.
3. **COLLECT** your first or second morning urine into a clean container.
4. **PIPETTE** urine, using a fresh disposable pipette, into the yellow cap plastic vial to the 8 ml mark (**DO NOT OVERFILL**). Screw the cap on tightly.
5. **DISPOSE** of the remaining urine.
6. **FREEZE** the yellow cap plastic vial and the 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. **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, and date of collection are written on vial
 - Vial cap is screwed on tightly
2. **FROZEN**
 - Ice pack
 - Yellow cap plastic vial
3. **TEST REQUISITION FORM WITH PAYMENT**
 - Test Requisition Form is complete
 - Payment is included