

NUTRIENT & TOXIC ELEMENTS 24 HR.

SPECIMEN COLLECTION INSTRUCTIONS

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

0058 NUTRIENT & TOXIC ELEMENTS 24 HOURS - Urine

0059 NUTRIENT & TOXIC ELEMENTS 24 HOURS NY - Urine

0158 TOXIC METALS 24 HOURS - Urine

0159 TOXIC METALS 24 HOURS 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

24-Hour Urine, 11 ml, refrigerated

COLLECTION MATERIALS

- Urine collection container
- Teal 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 Billable Stamp

**Shipping materials may differ outside of the U.S. Please see your shipping instructions for details.*



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
- **DO NOT** collect urine during menstruation
- **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.

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 on the teal cap plastic vial, using a permanent marker.

IMPORTANT: To ensure accurate test results you must provide the requested information.

2. **COLLECT SECOND** (NOT FIRST) morning urine into the collection container.

NOTE: If you work a night shift, note the time of day you start the collection and then stop your collection at approximately the same time the next day.

3. **COLLECT** all urine for the next 24 hours (or as directed by your healthcare provider) into the same urine collection container, including the first morning urine of the next day. It is not necessary to refrigerate urine for this time period.
4. **SECURE** cap on collection container and set upright on a flat surface.
5. **READ THE TOTAL VOLUME** (amount) of urine by looking at where the urine level is in relation to the nearest ML mark. The marks are located along the outside of the collection container.

6. **RECORD** the total volume of 24-hour collected urine by the “Total Urine Collected” on the Test Requisition Form under section #4 “Test Information”.
7. **INVERT** the collection container GENTLY 6-10 times to mix. Uncap for transfer.
8. **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.
9. **DISPOSE** of the remaining urine and collection container.
10. **REFRIGERATE** the teal cap plastic vial.
11. **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. **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
3. **REFRIGERATED**
 - Teal cap plastic vial
4. **TEST REQUISITION FORM WITH PAYMENT**
 - Test Requisition Form is complete
 - Payment is included