

# ORGANIX<sup>SM</sup> (ORGANIC ACIDS) PROFILE

## SPECIMEN COLLECTION INSTRUCTIONS

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

**0091 ORGANIX<sup>SM</sup> COMPREHENSIVE** - Urine

**0291 ORGANIX<sup>SM</sup> BASIC** - Urine

**0097 ORGANIX<sup>SM</sup> 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

### 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

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
- Biohazard bag with side pocket
- Specimen collection kit box
- FedEx® Express Clinical Lab Pak and Overnight Billable Stamp



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*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 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, 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 clear cap plastic vial, using a permanent marker.
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. **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**
  - Clear cap plastic vial
  - Ice pack
3. **TEST REQUISITION FORM WITH PAYMENT**
  - Test Requisition Form is complete
  - Payment is included