

PHTHALATES & PARABENS PROFILE

SPECIMEN COLLECTION INSTRUCTIONS

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

0740 PHTHALATES & PARABENS PROFILE - 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 Morning Urine, 12 ml, refrigerated

COLLECTION MATERIALS

- Black cap glass collection container
- 2 Disposable gloves

SHIPPING MATERIALS

- Absorbent pad
- Bubble bag
- Ice pack
- Test Requisition Form
- Biohazard bag with side pocket
- Specimen collection kit box
- FedEx® Express Clinical Lab Pak and 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 discontinue nutritional supplements prior to this specimen collection.
- **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
- Phthalates and parabens are in many products we use each day such as lotions, soaps, and detergents. **Therefore, you MUST collect the urine specimen directly into the provided glass container and follow the instructions below to avoid specimen contamination.**

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 black cap glass container, using a permanent marker.
2. **FREEZE** the ice pack.
3. **EMPTY** bladder before going to bed at night. **DO NOT** collect this urine.
4. **PUT ON** disposable gloves when you awake for the day.
5. **COLLECT** first morning urine directly into the glass container provided in the collection kit. Fill the container at least 3/4 full, and void any excess urine into the toilet.
6. **SCREW** the cap on tightly.
7. **REMOVE** and dispose of gloves appropriately.
8. **REFRIGERATE** the black cap glass container.

SPECIMEN PREPARATION FOR SHIPPING

1. **PLACE** the glass container into the bubble bag.
2. **PLACE** the protected specimen container, frozen ice pack, and absorbent pad into the biohazard bag.
3. **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.
4. **SEAL** the biohazard bag; **PLACE** it into the specimen collection kit box and close the box.

CHECKLIST (PRIOR TO SHIPPING)

1. **GLASS CONTAINER**
 - Patient's first and last name, date of birth, and date of collection are written on container
 - Container cap is screwed on tightly
2. **REFRIGERATED**
 - Black cap glass container
3. **FROZEN**
 - Ice pack
4. **TEST REQUISITION FORM WITH PAYMENT**
 - Test Requisition Form is complete
 - Payment is included