

PORPHYRINSSM PROFILE

SPECIMEN COLLECTION INSTRUCTIONS

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

0060 PORPHYRINS PROFILE - Urine

0088 NEOPTERIN/BIOPTERIN PROFILE - 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

Overnight Urine, 10 ml, frozen

COLLECTION MATERIALS

- Clean collection container (NOT included in this kit)
- White cap amber plastic vial with Na₂CO₃ 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 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 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
- Please keep specimen out of excess light and heat. Store specimen in the refrigerator.
- Vial contains preservative - **Do Not Rinse**

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 all tube(s) and/or vial(s), using a permanent marker.

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

2. **FREEZE** the ice pack.
3. **EMPTY** bladder before going to bed at night. **DO NOT** collect this urine.
4. **COLLECT** urine (if any) during the night and first morning urine into a clean container.
5. **HOLD** white cap amber plastic vial up to light to see 10 ml mark. It is about 1 inch from the top of the vial. **PIPETTE** urine, using a fresh disposable pipette, into the white cap amber plastic vial to the 10 ml mark. (**DO NOT OVERFILL**) Screw the cap on tightly.
6. **DISPOSE** of the remaining urine.

SPECIMEN PREPARATION

1. **PLACE** the urine specimen, the frozen ice pack and the absorbent pad into the biohazard bag and seal.
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. **PLACE** biohazard bag into the specimen collection kit box and close the lid.

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**
 - White cap amber plastic vial
4. **TEST REQUISITION FORM WITH PAYMENT**
 - Test Requisition Form is complete
 - Payment is included