

## Patient Collection Instructions for 24 h Urine Specimens

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Before	Obtain the appropriate collection container for the test your physician has			
Collection	requested from the Laboratory			
	<ul> <li>Check for test specific instructions on the second page of this handout,</li> </ul>			
	including diet and/or medication restrictions, before starting your collection			
Labeling the	Ensure the collections container is labeled with your:			
Sample	FULL First and Last Name			
Campio	Personal Health Number or Personal Identification Number			
	Date of Birth			
	You will need to record the start and stop times of collecting your samples.			
	These times are needed for accurate test results			
Caution: Collection container may contain a preservative				
<ul> <li>Do not remove any liquid preservative that may be in the container</li> </ul>				
	Do not urinate directly into the collection container			
Collecting the	Wash hands thoroughly with soap and water, rinse and dry			
Sample	Upon rising, empty bladder by urinating into the toilet. This will be the start			
	time and this sample is not included			
	<ul> <li>Write the "Collection Started" date and time on the label provided.</li> </ul>			
	(eg, March 1, 0800 or 8AM)			
	For the next 24 hours, collect all urine by voiding into a clean container and			
	transfer all contents into the collection container provided.			
	<ul> <li>Example: If collection started at 0800 (8AM); it would finish the next</li> </ul>			
	day at 0800 (8AM)			
	<ul> <li>Keep urine container refrigerated during the collection period and until</li> </ul>			
	you return it to the laboratory for testing. Not doing so could result in a			
	recollection, as the sample would not be acceptable.			
	<ul> <li>Be sure to EMPTY your bladder at the end of the collection period and</li> </ul>			
	ADD urine to the collection container			
	<ul> <li>Write the "Collection Finished" date and time on the label provided.</li> </ul>			
	(eg March 02, 0800 or 8AM).			
	Close the lid securely and gently mix or invert the container after each urine			
	sample is added			
	At times your volume of specimen may be too much for one container. You			
	may request to have a second container if necessary. It is imperative that you			
	collect all samples for the full 24 hours, as volume is measured and reported.			
	If any specimen is accidently discarded or contaminated with stool, the test			
B. II	must be re-started in a new container			
Delivering the	When you have completed the collection bring the sample and the Physician's			
Sample	request (requisition) to the Laboratory as soon as possible – preferably the			
	same day.			
	Check that the information on the requisition is correct and complete			
	Samples that are not labeled correctly and/or do not have a completed     requirition will NOT be tested.			
	requisition will NOT be tested			
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If you have any questions please call the Island Health Laboratory Call Center @ 250-370-8355 or Toll Free at 1-866-370-8355

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## **Additional Information for 24 h Urine Specimens**

Test Name	Information
☐ Creatinine Clearance U CrCl	Patient's height and weight will be need to be documented to complete the test.
	Patients need to have a blood collection for creatinine within +/- 48 h of urine collection.
	For convenience have blood drawn when obtaining or dropping off collection container.

Certain foods and medications may interfere with the urine testing. It is recommended to avoid the following for <u>48-72 hours</u> prior to and during collection.

Contact your physician for approval before discontinuing any prescription medication. Discuss all non-prescription medications with your physician.

Test Name	Foods to avoid	Medication to avoid
□ 5-HIAA	Bananas, tomatoes and tomato products, plums, pineapple (and its juice), nuts (especially walnuts), eggplant, avocado and kiwifruit  Caffeine including tea, coffee, cocoa, chocolate and other caffeinated beverages	Acetaminophen (Tylenol), Salicylate (Aspirin), Cough and antihistamine preparations, Hypertension drugs, MAO inhibitors, Fluocouracil
☐ Catecholamines  Testing includes: Epinephrine,	Bananas, avocadoes, nuts (especially walnuts), fruits, cheese, licorice, vanilla, tobacco and alcohol	Acetaminophen (Tylenol), Salicylate (Aspirin), Cough and antihistamine preparations, Mephalan,
Norepinephrine, and Dopamine fractions of Catecholamine	Caffeine including tea, coffee, cocoa, chocolate and other caffeinated beverages	Methyldopa, Labitalol, Vitamin C, Cimetidine
☐ Metanephrines	Bananas, tobacco and alcohol  Caffeine including tea, coffee, cocoa, chocolate and other caffeinated beverages	Acetaminophen (Tylenol), Salicylate (Aspirin), Methyldopa, Labitalol, Vitamin C, Cimetidine
□ VanillyImandelic Acid (VMA)	Bananas, avocadoes, nuts (especially walnuts), fruits, cheese, vanilla, tobacco and alcohol  Caffeine including tea, coffee, cocoa, chocolate and other caffeinated beverages	Acetaminophen (Tylenol), Salicylate (Aspirin)

If you are on a special diet for this test, you may resume your normal diet after the last specimen is collected.

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