



Patient Instructions for 24-Hour Urine Collection

Aspirus _____ Laboratory

Please follow instructions carefully as the quality of your specimen is critical to the accuracy of your test results.

1. The laboratory/clinic will provide the appropriate sample container for the test ordered. **Keep the container out of reach of children. It is important to keep the sample container refrigerated or on ice during and after the collection.**
2. **Caution: This container may contain a strong acid or another form of preservative. Direct contact with preservatives on the skin may cause burning and irritation. Do not urinate directly into the 24-hour specimen container. Pour the urine from the specimen "hat" carefully into the 24-hour specimen container without splashing it on your skin.**
3. Do not discontinue any medication unless instructed by your physician. Do not drink alcoholic beverages during collection. Do not drink more or less liquid than usual during the collection.
4. To begin your 24-hour urine collection, **empty your bladder and discard the urine specimen.** Record the date and time on the container label and this form below. This is the start time of the 24-hour collection.

Start Time

Date

5. For the next 24 hours collect ALL urine and add to the container provided. If it appears you will fill the first container, please contact the laboratory to obtain a second container. All urine must be saved during the 24 hours.
6. Exactly 24 hours after the start of the collection, empty your bladder and **add final urine sample to the container.** This is the end time of the test. Record the end date and time on the container label and this form below.

End Time

Date

7. Return the 24-hour urine container promptly to the laboratory/clinic. **Please note that some tests require a blood draw when the container is returned.**
8. If any part of the collection was missed or spilled, it must be reported to the laboratory/clinic as it could affect the test results.
9. If you have any questions, please call the Laboratory at _____.
10. Please return this form with your specimen.

Patient Name: _____ Date of Birth: _____