**COVENANT**
HealthCare

PF01254 (R 9/07)

# LAB/24 HOUR URINE COLLECTION
# OUTPATIENT - GREEN FORM

Dear Patient:

Your physician has ordered a laboratory test called a 24-hour urine collection test. The results of this test will assist in making a diagnosis for your symptoms, and therefore, will enable the physician to treat you.

Please follow these collection instructions carefully. It is very important for getting accurate results from your specimen.

- Begin no later than 8:00 a.m. on the first morning.
- Do not void directly into the provided container – transfer using a clean container – and rinse with tap water after each use.
- Keep provided container in a cool place, i.e. refrigerator.
- Maintain your normal intake of fluids, avoiding alcohol.
- Avoid vigorous exercises during the testing period.
- ✔ Upon awakening, empty your bladder ("void"). DO NOT SAVE THIS SPECIMEN. Discard it into the toilet, but record the time you voided. This will be the START TIME of this collection to be written below.
- ✔ For the next 24 hours, collect all urine that is voided and pour into the container provided.
- ✔ The following morning, EXACTLY 24 hours from the START TIME, void one final time and add the specimen to the container provided. Cap/seal container well. **It is important to make an attempt to void even if you don't feel as if you have to.** If no urine collected, this is still your time completed.
- ✔ Fill in time COMPLETED below, and place container into a plastic bag to contain leaks, then put bagged container into a paper bag as well.
- ✔ Return container to lab as soon as possible after completion of collection.

\* HOURS OF OPERATION FOR THIS SITE: _____

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Patient's Name: (Please Print) _____

Patient's Height: _____ ft. _____ in.  Weight: _____ lb.

Date Started: _____ mm _____ dd _____ yy  Time Started: _____ a.m.

Time Completed: _____ a.m. **Must** be 24 hours from Time Started.

| Lab Personnel Accepting Specimen To Complete. For questions, please call Chemistry at 36782. |
|---|
| Information Complete? ☐ Yes  ☐ No    Initials: _____ |
| Is it a complete 24-hour urine? ☐ Yes  ☐ No (If no, patient must restart with a new container) |
| Test Order: _____ Preservative? ☐ Yes  ☐ No |
| Is a Creatinine Clearance ordered? ☐ Yes  ☐ No |
| If Yes, Creatinine ordered/completed within last 48 hours? ☐ Yes  ☐ No |