



Department of Pathology

One Medical Center Drive
Lebanon, NH 03756
603-650-7171
FAX 603-650-4845

Date

Dear Sir/Madam,

Your doctor, _____, has ordered for you to collect a 24 hour urine specimen and requested that the laboratory send you a container for proper collection.

Based on this order from your physician, we have sent you the following items:

- requisition for 24 hour urine collection from your doctor
- collection container
- collection "hat" (placed under toilet seat to collect urine)
- large plastic bag to put the urine container in (seal it when collection is complete)
- label with your name, date of birth and/or your medical record number
- detailed instructions on how to collect the specimen.

It is very important that the time the collection starts and ends are recorded on the attached sheet.

Example:

Urine Start Time/Date: 10-22-07 8:00am

Urine End Time/Date: 10-23-07 7:00am

It is very important that the urine container be refrigerated in between collections.

The urine container **MUST** have your name and either your date of birth or your medical record number on it.

Specimen and paperwork must be dropped off at the DHMC Level 3 blood drawing area at DHMC after the collection is completed. Under NO circumstances can the urine container be mailed.

If you have any questions regarding the collection of this test, please do not hesitate to contact the Client Response Area in the laboratory at 603-650-2200

PLEASE READ INSTRUCTIONS CAREFULLY:
COLLECTION OF 24 HOUR URINE SAMPLE FOR ROUTINE TESTING

PATIENT NAME: _____ DATE OF BIRTH: _____

PHYSICIAN NAME: _____ PHONE NUMBER: _____

KEEP REFRIGERATED DURING 24 HOUR COLLECTION

START COLLECTION: ***

Time: _____ AM or PM

Date: _____

END COLLECTION: ***

Time: _____ AM or PM

Date: _____

***Write collection Start/End time above AND on the specimen container label

- () **STEP 1:** Remove the white screw cap and open the plastic container by inserting your fingers into it and pushing out the sides.
- () **STEP 2:** Upon rising in the morning, urinate in toilet as usual. This urine is **not** to be collected but the time and date of this urination **must** be recorded on the container label and this sheet. This is the start time of the 24 hour urine collection.
- () **STEP 3:** Collect all urine excreted during the next 24 hours, day and night (*the specimen "hat" can be placed under the toilet seat for easy collection*). Pour the urine from the "hat" into the large container provided. (*Remember to keep the container in the refrigerator throughout the entire collection process*)
- () **STEP 4:** Exactly 24 hours after the collection start time, void last urine (if possible) and write the end time and date in the space above and on the container label. (*The large container now represents a 24 hour urine specimen. Screw cap on tight*)
- () **STEP 5:** Be sure that the urine collection container is labeled with the label provided. (*Label must have first-last name, date of birth and medical record number*)
- () **STEP 6:** Place the container in the plastic bag. Pull the blue strip off the top of the bag and fold over to seal. Enclose all paperwork in the outer pouch of the bag. Bring to the 3L Blood Draw Laboratory as soon as possible after completing the collection.

Do NOT, under any circumstances mail the urine specimen.

3L Blood Draw Laboratory Hours:

Monday – Friday: 7:00 AM – 7:00 PM

Saturday – Sunday: 8:00 AM - Noon