

## 24-HOUR URINE COLLECTION

Your physician has ordered test (s) that require a 24-hour urine collection. The accuracy of this test (s) is dependent upon how well you are able to collect the specimen

### PATIENT COLLECTION INSTRUCTIONS

- You have been given a special collection container for all urine collected in a 24-hour period. Do not urinate directly into the container. The specimen container may have a preservative in it. Do not dispose of preservative. **Keep the container out of reach of children.**
- The 24- hour collection period begins when you get up in the morning and empty your bladder. **DO NOT SAVE THIS URINE. THIS FIRST VOIDING OF THE DAY IS DISCARDED. RECORD THE TIME OF THIS SPECIMEN.** All urine passed during the next 24 hours must be poured into the container.
- For the next 24 hours ALL the urine samples that you void must be collected - day and night - until the final collection when you empty your bladder the next morning 24 hours from the recorded time when you started. Include this last sample in the collection jug along with all the other samples.
- The container must be kept refrigerated unless you have been instructed otherwise.
- Take the 24-hour urine specimen to the laboratory as soon as possible.
- Follow your physician's directions regarding food, drink and drugs before and during collection. You may be given a special diet to follow before starting the collection. Diet can often affect the results of the 24-hour test. Such things as candy & soft drinks between meals can affect test results. You should drink your **NORMAL AMOUNTS** of fluid during the collection period.
- Some 24-hour urine collections require a blood sample to be obtained within 24 hours of the urine collection. You can either have the blood drawn at the beginning of the collection or when you deliver the 24-hour urine to the laboratory.
- If for any reason there has been a loss of urine or an excessive fluid intake during the collection, please inform the laboratory.

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NAME OF TEST \_\_\_\_\_

COLLECTION TIME: Date \_\_\_\_\_ Start Time \_\_\_\_\_

BLOOD SPECIMEN NEEDED:       YES       NO