

INSTRUCTIONS FOR 24-HOUR URINE COLLECTION

1. Please label the container with your first and last name and date of birth.
2. Start of collection
It is important to start the collection with an empty bladder. To do so:
 - a) On rising in the morning, urinate into the toilet. **DO NOT SAVE THIS URINE.**
 - b) At this time write down the time and date in the "Start Date and Time" section at the bottom of this page.
3. 24-Hour Collection Period
Save all urine for the next 24 hours, that is, 24 hours from the "Start Time". A urine cup or hat may be used to collect the urine. The urine collected should be poured into the collection container provided.
4. End of Collection
 - a) Urinate (if possible) at the end of the 24-hour period and pour into container.
 - b) Write down the Date and Time in the "End Date and Time" section at the bottom of this page.
 - c) Complete the information on the label provided and stick the label on the side of the collection container. Do not place the label on the top of the container.

IMPORTANT:

- a) Keep the collection container in an upright position at all times. **DO NOT** remove the spout cover.
 - b) If you spill any urine, estimate how much and write down the approximate amount spilled, such as ½ cup, ¾ cup, 1 cup, etc.
 - c) If your urine collection requires container preservative (provided by the Lab), please follow the precautions regarding the preservative. Leave the preservative in the container to mix with the urine specimen. **DO NOT DISCARD THE PRESERVATIVE.**
 - d) Return this form, the doctors' order, the container and all related forms to the UR Medicine Patient Service Center within 24 hours of finishing the collection.
 - e) If instructed to do so, keep the urine collection container refrigerated during collection.
- Refrigeration needed? YES NO

**A blood sample is required with some 24-hour urine collections. Please call the lab to check prior to bringing in the sample.

Patient Name _____ Date of Birth _____

Start Date: _____ Start Time _____

End Date: _____ End Time _____

Height _____ Weight _____ Spilled Urine _____

FOR LAB USE ONLY:

	Container Given	Container Received	Kept Refrigerated
1) 6N HCL	Y		Y