



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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
2) Plain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
3) Super Saturation	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Depot Stamp/Tech initials _____	Depot Stamp/Tech initials _____		

****Please contact Client Services at 758-0510 with any questions****