Instructions for 24 hour urine collection for Super Saturation Analysis

Dear Patient,

Your doctor has requested you collect a 24 hour urine specimen for a special lab test call Super Saturation Analysis. Please follow these instructions exactly in order to have a proper specimen to submit to the laboratory. Failure to follow these instructions will invalidate your urine specimen, possibly requiring recollection.

Supplies:

1 24 hour container
Collection data form
Medical History form

Before starting the collection of your specimen, complete the Medical History form and the patient information section of the Collection data form. Bring the complete collection in brown bottle, completed forms and requisition provided by your doctor to any SMH Patient Service Center when you have finished collecting your urine. Your specimen must be received at SMH within 24 hours of the stop time **(Monday through Thursday, excluding holidays).**
Specimens cannot be accepted on Fridays and Weekends.

How to collect a 24 hour urine:

1. When you wake in the morning, discard your first urine in the toilet. This is your **START Time**. Record this time and today's date on the collection data form where it says **"start time"**.

2. **Add Preservative to empty collection container-**Open urine preservative and pour into urine collection container. Drop empty preservative tube into collection container to ensure all preservative is used.

3. Collected urine sample must be stored at **ROOM TEMPERATURE**.

4. For the next 24 hours collect all urine directly into brown container, including the first urine the following morning. The collection period must be no more than 26 hours or less than 22 hours for the specimen to be valid.

5. The morning collection marks the end of the 24 hour collection period. This is the STOP Time. Record today's date and the stop time on the collection data form where it says "stop time".

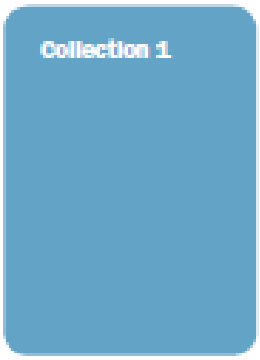
6. Bring complete urine collection and all completed forms to a SMH Patient Service Center.

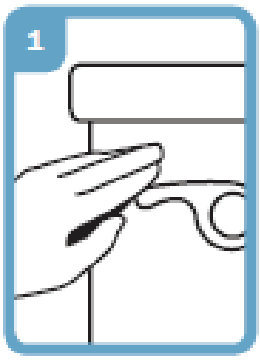
If you have any questions regarding the specimen collection, contact SMH Client Services at 350-2600 option 3.

Rev. 5/10/14

Collection Instructions

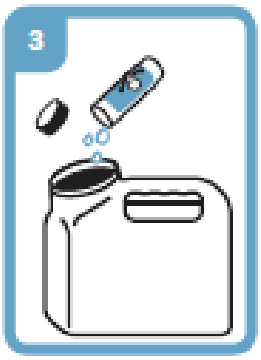
Do not record any information on this sheet, please use the *Collection Data* form.



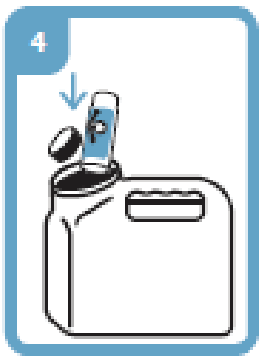


When you wake up in the morning, flush your first urine in the toilet. This is the **START TIME.**

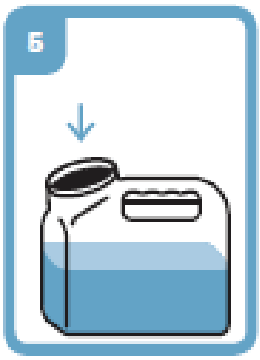
Record this time on the ***Collection Date*** form where it says **START TIME.**



Open the tube of urine preservative and empty it into the collection container.



Drop the **urine preservative tube and lid** into the collection container. This ensures every drop of the preservative gets into the container.

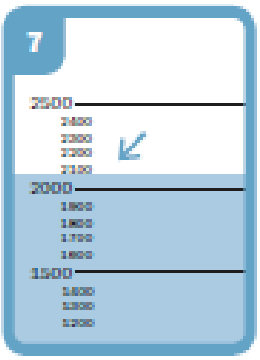


Collect all of your urine into the container over the next 24 hours, **including the very first urine the following morning and any urine collected during the night. This is the STOP TIME.**

For women who may have trouble urinating directly into the collection container, place the collection aid over the toilet and then pour the urine into the collection container.

Record the **STOP TIME** on the Collection Date form where it says **STOP TIME.**

Record the date you finished the collection on the *Collection* Date form where it says "DATE COLLECTION ENDED".



Place the collection container on a flat surface and use the measuring tool along the side of the container to read how much fluid is inside the container.
This is the TOTAL VOLUME.

Litholink Kidney Stone Prevention Program™

Medical History Form

Call 800 338 4333 to discuss your medical history (and skip this form!)

If you have done a Litholink test before and none of the information has changed since the last test, you DO NOT need to fill this out.

Last Name: First Name: MI:

Date of Birth (M/D/Y):

Kidney Stone History

First Kidney Stone Diagnosis (M/D/Y):

Total Number of Stones You've Experienced:

Family History of Kidney Stones

Who in your family has had kidney stones?

Mother (Y/N): Father (Y/N):

Number of Siblings: Number with Stones:

Number of Children: Number with Stones:

Medical Conditions

Check below if you have any of the following conditions.

Medical Condition	Date of Diagnosis
☐ Crohn's	
☐ Cystinuria	
☐ Diverticulitis	
☐ Diverticulosis	
☐ Gout	
☐ Horse Shoe Kidney	
☐ Hyperparathyroidism	
☐ Irritable Bowel Disease	
☐ Osteopenia	
☐ Osteoporosis	
☐ Paralysis (quad or para)	
☐ Polycystic Kidney Disease	
☐ Renal Tubular Acidosis	
☐ Sarcoidosis	
☐ Spina Bifida	
☐ Spinal Cord Injury	
☐ Ulcerative Colitis	
☐ Hypercalciuria	
☐ Hematuria	
☐ Transplant patient	

Surgeries

Check below if you have had any of the following surgeries.

Surgery	Date of Surgery
☐ Colectomy	
☐ Parathyroidectomy	
☐ Gastric Bypass	
☐ Gastric Stapling	
☐ Ileostomy	
☐ Small Bowel Resection	
☐ Nephrectomy	

Kidney Stone Diets

Has your physician started you on any diet change for the prevention of kidney stones?

Diet	Date Started
☐ Increased Calcium	
☐ Increased Fluids	
☐ Lower Calcium	
☐ Lower Sodium	
☐ Lower Oxalate	
☐ Lower Protein	
☐ Lower Fat	
☐ Drink Lemonade	

Has your physician started you on any medications for the prevention of kidney stones?

MEDICATIONS	DOSAGE	DATE STARTED	DATE STOPPED
	(EX: 10 MG 2X/ DAY)	M / D / Y	M / D / Y

Collection Data Form

All information must be filled out completely on both sides of the form and returned with your sample(s).

Patient Information

LAST NAME: FIRST NAME: MI:

DATE OF BIRTH: PARENT/GUARDIAN NAME:

HEIGHT: *FT* *IN* *OR* *CM* WEIGHT: *LBS* *OR* *KG*

SEX: (CIRCLE ONE) *MALE* *FEMALE*

ADDRESS:

CITY: STATE: ZIP CODE:

HOME PHONE: ( ) WORK PHONE: ( ) EXT:

PRESCRIBING PHYSICIAN'S LAST NAME: FIRST NAME:

PRESCRIBING PHYSICIAN'S OFFICE PHONE: ( )

Collection 1

START TIME: AM

STOP TIME: AM

DATE COLLECTION ENDED: / /

TOTAL VOLUME:* ML

Collection 2 (if necessary)

COLLECTION 2 START TIME **MUST MATCH** COLLECTION 1 STOP TIME

START TIME: AM

STOP TIME: AM

DATE COLLECTION ENDED: / /

TOTAL VOLUME:* ML

*TOTAL VOLUME EQUALS AMOUNT OF URINE IN ORANGE JUG.

Collection Check List

- ☐ **Did you collect for a full 24-hour period? (Your urine must be collected for *at least 22 hours* but *no more than 26 hours* – per collection)**
- ☐ **I will ship my samples today or next business day.**
- ☐ **Have you included the Test Request Form the doctor gave you and your collection data/insurance form in the Litholink shipping box?**
- ☐ **Have you allowed at least 10 days between the date you completed your collection and your scheduled doctor's appointment?**

If you have answered "No" to any of these questions, or have any concerns regarding your collection, call 800 338 4333, Monday – Friday, 7:30am – 6:00pm CST, and ask to speak to a Patient Care Representative.

LitholinkStone
Kidney Stone Prevention Program™

www.litholink.com
800 338 4333
(M–F, 7:30am–6:00pm CST)