

Porphyrins Profile

Specimen Collection Instructions

This specimen collection kit can be used for the following test(s):

0060 Porphyrins Profile - Urine

0088 Neopterin/Biopterin Profile - Urine

IMPORTANT:

All patient specimens require two unique identifiers
(*patient's name and date of birth*), as well as *date of collection*.

Patient's first and last name, date of birth, gender, and date of collection must be recorded on the **Test Requisition Form** as well as all tube(s) and/or vial(s), using a permanent marker, or the test may not be processed.

Specimen

Overnight Urine, 10 ml, frozen

Collection Materials

- Clean collection container (NOT included in this kit)
- White cap amber plastic vial with Na₂CO₃ preservative
- Disposable pipette

Shipping Materials*

- Absorbent pad
- Ice pack
- Test Requisition Form
- Personal Health Assessment Form
- Biohazard bag with side pocket
- Specimen collection kit box
- FedEx® Clinical Lab Pak and Billable Stamp

**International shipping may vary, please see shipping instructions for more details.*

Please read all instructions carefully before beginning.

Patient Preparation

- It is best to **ship your specimen within 48 hours of collection**. Please refer to the enclosed shipping instructions **before** you collect to determine what days you can ship your specimen.
- **It is not necessary** to discontinue nutritional supplements prior to this test. Abnormalities that may be found will reveal special needs that have not been met by recent dietary and supplemental intake.
- **Decrease** fluid intake to avoid excessive dilution of the urine
 - **For adults, restrict** intake to three 8 oz. glasses or less for 24 hours
 - Make sure that **no more than 8 oz.** of this is consumed **after 8:00 PM** the evening prior to urine collection
- **Do not collect urine** during menstruation
- Please keep specimen out of excess light and heat. Store specimen in the refrigerator.
- Vial contains preservative - **Do Not Rinse**

Urine Collection

1. **Write** patient's **first and last name, date of birth, gender** and **date of collection** on the Test Requisition Form (located in the pouch on top of the Specimen Collection Kit Box), as well as the white cap amber plastic vial, using a permanent marker.
 - **IMPORTANT:** To ensure accurate test results you **MUST** provide the requested information.
2. **Empty** bladder before going to bed at night. **DO NOT collect** this urine.
3. **Collect** urine (if any) during the night and first morning urine into a clean container.
4. **Hold** white cap amber plastic vial up to light to see **10 ml mark**. It is about 1 inch from the top of the vial. **Pipette** urine, using a fresh disposable pipette, into the white cap amber plastic vial to the 10 ml mark. (**DO NOT OVERFILL**) **Screw** the cap on tightly.
5. **Dispose** of the remaining urine.
6. **Freeze** the white-cap amber plastic vial and ice pack.

Specimen Preparation

1. **Place** the urine specimen, the frozen ice pack and the absorbent pad into the biohazard bag and seal.
2. **Staple** payment to the bottom right-hand corner of the completed Test Requisition Form. **Fill** out the Personal Health Assessment Form. **Fold** and **place** them in the side pocket of the biohazard bag.
3. **Seal** the biohazard bag; **Place** it into the specimen collection kit box and **close** the box.

Checklist (Prior to Shipping)

1. Vial

- Patient's first and last name, date of birth, gender, and date of collection are written on the vial
- Vial is capped tightly

2. Frozen

- White cap amber plastic vial
- Ice pack

3. Test Requisition Form with Payment

- Test Requisition Form is complete - Test is marked, Patients first and last name, date of birth, gender and date of collection are recorded.
- Personal Health Assessment Form
- Payment is included



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