



Urine Collection Instructions - Please read carefully before collecting

THINGS TO KNOW BEFORE SUBMITTING YOUR SAMPLE:

1. All test requests must be signed by a LICENSED PROVIDER. (If your provider asked RTL to ship this kit to you, we should have their signature on file) Tip: If your doctor's info is printed on the top left corner of the requisition form, you don't have to have them sign the form.
2. All results will be SENT TO THE ORDERING PHYSICIAN/CAREGIVER. If the patient would like a copy of the results, please contact the CAREGIVER first.
3. Due to HIPPA (Health Insurance Portability and Accountability Act) rules, patients requesting results from the lab must do so in writing. As of Feb 15, 2012, results can only be sent to the patient if they have completed and sent in the RTL MEDICAL RELEASE FORM. Results are sent through a secure patient or physician portal.

Contents of Kit

Requisition Form
Credit Card Authorization Form
Instructions for Specimen (Urine) Collection
Specimen Holding Box
Conical Collection Cup
Plastic Transport Tube with Cap
Biohazard Bag
Absorbent Pad
Pre-addressed FedEx Sleeve

If you need to make corrections on the requisition form, cross out and write your initials. DO NOT use white-out

Make sure test requisition form is COMPLETELY filled out EXCEPT for the very bottom of the page where it says "RealTime Lab Use Only."

1. a. Pay special attention to make sure that there is a signature of a licensed caregiver as well as the complete name and date of birth of the patient and which test is desired.

*** FOR MEDICARE INSTRUCTIONS, SEE BACK.**

Check One
☐ Doctor Pay
☐ Patient Pay
☐ Medicare - Sign ABN on Page 2
☐ Tricare
☐ Insurance

Specimen Type
☐ Urine = U
☐ Blood
☐ Serum Separator Tube = SST
☐ Lavender Top (EDTA) = LAV
☐ Yellow Top (ACD, Solution B) = YEL
☐ Tissue = T
☐ Tissue Source _____

☐ Swab
☐ Nasal Swab = NS
☐ Buccal Swab = BS
☐ Vaginal Swab = VS

MYCOTOXIN TESTS by ELISA
☒ E8400 MYCO16 Panel (16 Mycotoxins) (E8501, E8502, E8503, E8510, E8512) TYPE U

IMMUNOLOGY-SERUM
☐ P5114 Mold Panel IgE SST
Penicillium, Cladosporium, Aspergillus fumigatus, Candida, Alternaria, Histoplasma, Blastomyces

FUNGAL DNA TESTING by REALTIME PCR
☐ M8605 Aspergillus Panel LAV/T/NS/BS
M8601 A. niger M8603 A. fumigatus

2. Payment (credit card authorization, check, or money order) signed and completely filled out.*
*If you're paying your doctor directly, mark DOCTOR PAY
If you pre-paid online, mark PATIENT PAY and write "prepaid online"
If your doctor provided you a voucher, mark DOCTOR PAY and write "voucher"

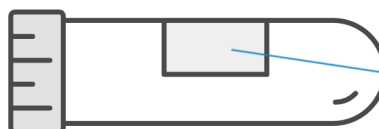
3. Collect urine into the conical cup provided (optional) approximately halfway full. A clean, new disposable cup can also be used



4. Pour the urine into the plastic RTL tube. FILL ONLY 1/2 WAY FULL AND SECURELY SEAL THE ENCLOSED CAP (You should hear a pop when it is fully secured).

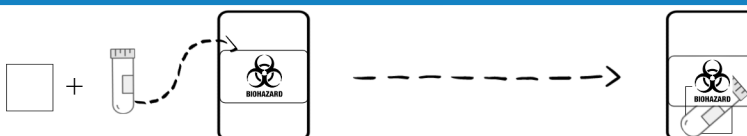


5. Print on the specimen tube, in the designated areas: Date collected, patient first AND last name, and patient Date of Birth (DOB). SPECIMEN WILL BE REJECTED BY THE LAB IF THE TUBE IS BLANK!



Pt's name
Date of birth
Date of collection

6. Place tube in biohazard bag along with absorbent pad and seal the ziplock top.



7. Fold and place paperwork in the outside sleeve of the biohazard bag. Note: this opening does not seal shut



8. Place biohazard bag (containing the tube) into the pre-cut area of black foam within the specimen holding box.



9. Fold the flaps of the box back and tuck them into the slots to close it properly.

10. Place box inside pre-addressed FedEx sleeve and pull off the preventative stick tape at the top of the bag.



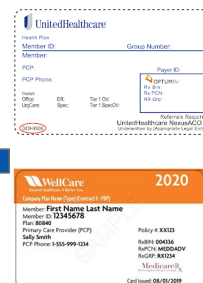
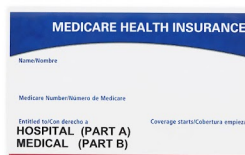
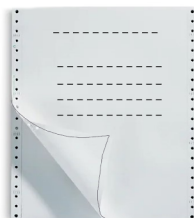
11. Make sure the bag is closed completely.



MEDICARE INSTRUCTIONS

If you'd like us to file a claim with Medicare, please fill out the ABN (Advance Beneficiary Notice) form attached to the requisition form and send a copy of your Traditional Medicare card (Red, White and Blue) shown in the picture, Medicare Advantage, and Medicare Supplemental as shown in picture.

ABN form is attached to the back of the test requisition form. Separate by the perforated lines



SEND SPECIMEN TO RTL

All specimens should be sent immediately after collection (preferably within the first 48 hours after collection). If the specimen cannot be sent immediately, **FREEZE the specimen and note the date it was frozen on the indicated part at the top of the test requisition.** RTL validations allow for the specimen to be sent to the lab in a liquid state and received by the lab within 7 days of collection.

The mailer provided by RTL is self-addressed and FedEx prepaid, so please do not put any more postage on the mailer. The specimens may also be transported by overnight courier to the address below. RTL is not responsible for express delivery fees. RTL prepaid FedEx return labels may only be used within the continental United States. Shipments outside the continental US must be paid for by the client.

THANK YOU FOR CHOOSING REAL TIME LABORATORIES!

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EFFECTIVE 11/2021