

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 information is printed on the top left corner of the requisition form, you do not 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 HIPAA 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 Collection
- Specimen Holding Box
- Conical Collection Cup
- Plastic Transport Tube with Cap
- Biohazard Bag
- Specimen Holding Box
- Absorbent Pad
- Pre-Addressed Shipping Sleeve



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

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

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**

If you are taking the medication methylene blue, DO NOT submit sample until urine has returned to a normal color.

Check One	
<input type="checkbox"/> Doctor Pay	
<input type="checkbox"/> Patient Pay	
<input type="checkbox"/> Medicare - Sign ABN on Page 2	
<input type="checkbox"/> Tricare	
<input type="checkbox"/> Insurance	
Specimen Type	
<input type="checkbox"/> Urine = U	
<input type="checkbox"/> Blood	
<input type="checkbox"/> Serum Separator Tube = SST	
<input type="checkbox"/> Lavender Top (EDTA) = LAV	
<input type="checkbox"/> Yellow Top (ACD, Solution B) = YEL	
<input type="checkbox"/> Tissue = T	
<input type="checkbox"/> Tissue Source _____	
<input type="checkbox"/> Swab	
<input type="checkbox"/> Nasal Swab = NS	
<input type="checkbox"/> Buccal Swab = BS	

Patient	
[Form fields for Patient Name, Date of Birth, Sex, etc.]	
[Form fields for Collection Date, Time, Follow-up test?]	
[Form fields for Patient Phone, Email]	
MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)	
[Text: Medicare Patients Must Complete and Sign ABN on Page 2]	
[Form fields for Patient Signature, Date]	
Physician	
[Form fields for Physician Name, Signature, NPI, Diagnosis]	

MYCOTOXIN TESTS by ELISA	TYPE	IMMUNOLOGY-SERUM	TYPE	FUNGAL DNA TESTING by REALTIME PCR	TYPE
<input checked="" type="checkbox"/> E8400 MYCO16 Panel (16 Mycotoxins) (E8501, E8502, E8503, E8510, E8512)	U	<input type="checkbox"/> P5114 Mold Panel IgE Penicillium, Cladosporium, Aspergillus fumigatus, Aspergillus niger, Aspergillus terreus	SST	<input type="checkbox"/> M8605 Aspergillus Panel M8601 A. niger M8602 A. terreus	LAV/T/NS/BS

- 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 HALF 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!



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



Double check to ensure that the data on the tube matches the data on the test requisition.

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 and test) into 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/UPS 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 would like us to file a claim with Medicare, please fill out the ABN (Advance Beneficiary notice) form attached to the requisition form and send us a copy of your Medicare card, and supplemental insurance card (such as: United Healthcare, Blue Cross, WellCare, etc.).

The ABN form will be attached to the back of the test requisition form.



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/UPS 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/UPS 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 REALTIME LABORATORIES!

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