

Urine Collection Instructions

Please read carefully before collecting

THINGS TO KNOW BEFORE SUBMITTING YOUR SAMPLE:

1. All test requests must be signed by a PRACTITIONER (If your practitioner asked RTL to ship this kit to you, we should have their signature on file). Tip: If your practitioner'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 PRACTITIONER. If the patient would like a copy of the results, please contact the PRACTITIONER 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
- Urine Absorbent Pad
- Pre-Addressed Shipping Sleeve

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 practitioner as well as the complete name and date of birth of the patient and which test is desired.

Check One

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

Specimen Type

- Urine = U
 - Body Fluid
 - Dry Urine Card (OAP/EPP)
- Blood (Aspergillus ONLY)
Lavender Top (EDTA) = LAV
- Research Use Only - RUO
Tissue Type _____
Other _____
- Swab (Aspergillus ONLY)
 - Nasal Swab = NS Buccal
 - Swab = BS

Frozen? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Frozen: ____/____/____ Date Sent: ____/____/____			
Patient's Name (Last, First, MI)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth MO DAY YR
Collection Date	Collection Time	Is this a follow-up test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient's Phone:		Patient Email:	
MEDICARE ADVANCE BENEFICIARY NOTICE (ABN) Medicare Patients Must Complete and Sign ABN on Page 2		I hereby authorize payment directly to RealTime Laboratories, Inc. for all testing. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurance.	
Physician		Patient Signature: _____ Date: _____	
Physician's Name (Last, First)		Physician's Signature X _____	
NPI	Diagnosis/Signs/Symptoms in ICD Format (Highest Specificity) REQUIRED		

MYCOTOXIN TESTS by ELISA	TYPE
<input type="checkbox"/> E8400 MYCO16 Panel (16 Mycotoxins) (E8501, E8502, E8503, E8510, E8512) Ochratoxin A AFLATOXIN B1, AFLATOXIN B2, AFLATOXIN G1, AFLATOXIN G2 SATRATOXIN G, SATRATOXIN H, ISOSATRATOXIN F, RORIDIN L-2, RORIDIN A, RORIDIN H, RORIDIN E4, VERRUCARIN A, VERRUCARIN Gliotoxin Zearalenone	U

Pesticides	TYPE
<input type="checkbox"/> P1001 - Glyphosate	U

INFECTIOUS DISEASE RT-PCR	TYPE
<input type="checkbox"/> B4000 Urinary Tract Infection Organisms: A. baumannii, C. Albicans, C. freundii, E. faecalis, E. faecium, E. cloacae complex, E. coli, K. aerogenes, K. oxytoca, K. pneumoniae, M. morgani, P. mirabilis, P. vulgaris, P. stuartii, P. aeruginosa, S. saprophyticus, S. agalactiae Genes: 23rRNA-ermB, blaKPC, blaSHV, vanB, MecA, qnrA, sul1	U

FUNGAL DNA TESTING by REALTIME PCR	TYPE
<input type="checkbox"/> M8605 Aspergillus Panel	LAV/T/NS/BS

OAP and EPP TESTING	TYPE
<input type="checkbox"/> OA100 Organic Acids Profile (OAP) Alpha-Hydroxybutyrate, Beta-Hydroxybutyrate, Vanilmandelate, Homovanillate, 5-Hydroxyindoleacetate, Quinolinolate, Kynurenate, Para-Hydroxyphenyllactate, Orotate, Pyroglutamate, Benzoate, Hippurate, Para-Hydroxybenzoate, Para-Hydroxyphenylacetate, 2-Hydroxyphenylacetate, 3-Indoleacetate, Tricarballic acid, Pyruvate, Lactate, Citrate, Cis-Aconitate, Isocitrate, Alpha-Ketoglutarate, Succinate, Fumarate, Malate, Adipate, Suberate Ethylmalonate, Methylsuccinate, Alpha-Ketoisovalerate, Alpha-Ketoisocaproate, Alpha-Keto-Beta-Methylvalerate, Beta-Hydroxyisovalerate, Methylmalonate, Hydroxymethylglutarate	
<input type="checkbox"/> EP100 Environment Pollutants Profile (EPP)	

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

2 Payment (credit card authorization, check, or money order) signed and completely filled out. *

*If you're paying your practitioner directly, mark DOCTOR PAY
*If you pre-paid online, mark PATIENT PAY and write "prepaid online"
*If your practitioner provided you a voucher, mark DOCTOR PAY and write "voucher"

3 On the collection strip, clearly print your name, date of birth, gender, and collection date.



4 Collect first morning urine before ***food and drink**. Or, first urine after your longest stretch of sleep.



5 Collect urine into any clean cup. Void first portion of urine.



6 From mid-stream on, fill cup with urine.



Do NOT touch absorbent pads.

8 Place absorbent pad portion of collection strip into the cup, and leave it inside the cup for 15 seconds to ensure full saturation.



9 Take collection strip out of the cup, briefly allowing it to drip freely. Collection strip must be allowed to dry completely after collection. Pick a method in Step 10 or Step 11 to dry collection strip.



10 Air dry strip for at least 12 hours. Humid conditions may prolong this drying time. Absorbent pad may drape and touch the cover.



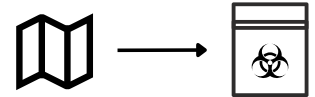
11 Dry strip with a hair dryer on "low" setting; air may be warm but NOT hot. Allow 1-3 inches between dryer and strip. Dry both sides of the strip for 5 minutes per side, for a total of 10 minutes drying time.



12 Once fully dried, tuck the cover into flaps as indicated. Indicate strip drying method on the back of strip. Place DRIED strip into the resealable bag and seal tightly.



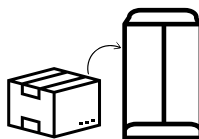
13 Fold and place paperwork in the outside sleeve of the biohazard bag. Note: this opening does not seal shut.



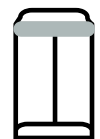
14 Place Biohazard Bag (containing the dried strip test) into the specimen holding box.

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

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



17 Make sure the bag is closed completely.



SEND SPECIMEN TO RTL

The mailer provided by RTL is self-addressed and FedEx/UPS/USPS 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/USPS return labels may only be used within the continental United States. Shipments outside the continental US must be paid for by the client.

*Organic Acids Profile–Food Restrictions

Food suggested to be avoided for **48** hours prior to collection.

Beverages: Tea; Coffee; Alcoholic Beverages; Juice (See Vegetables/Fruits List)

Vegetables/Fruits: Avocado; Kiwi; Tomato; Pineapple; Banana; Plantain; Grapes/Raisins; Plums/Prunes

Seed/Nuts: Walnut; Pecan

Other: Ketchup; Vanilla Extract; Jell-O™; Aged and Processed Cheeses

*Environmental Pollutants Testing– Food Restrictions

Preservatives need to be avoided for **48** hours before collection.

Sorbic Acid/Sorbate (preservative) (E200-203)

Benzoic Acid/Sodium Benzoate (preservative) (E 210-213)

Questions regarding diet & allergy are directed towards your healthcare provider