

**NHS Foundation Trust** 

# Patient instructions for acidified 24 hour urine collection METADRENALINES/METANEPHRINES

A Pathology Millennium label, ICE label or request form must be handed in with the urine collection.

Samples received without a request may not be tested.

Start and finish dates and times must be written on the bottle.

### **CAUTION**

These collections require a <u>strong acid preservative</u> which is a clear liquid and <u>must not be discarded</u>. Please ensure the container is stored safely, upright and out of reach of children.

<u>Avoid any skin contact with acid</u>. If any skin contact, wash area with excess water and seek medical advice immediately.

## **Preparation:**

Please note the following drug and dietary restrictions.

Please do not omit any medication without prior discussion with your doctor.

# Drug and dietary restrictions:

Paracetamol – please do not take paracetamol for 1 week before, or during the timed urine collection as paracetamol interferes with some test results.

Caffeine – please do not consume caffeine for 24 hours before, or during the timed urine collection as caffeine interferes with some test results.

Nicotine - should be avoided.

Other drugs – some drugs may interfere with this test however continue with medication unless advised by your Doctor. Please provide the laboratory with written details of medication taken in the week preceding and during this collection.

### Procedure: 24hr means a complete timed 24 hour collection of urine collected as follows -

- 1. When you wake up, empty bladder **into the toilet** (i.e. discard it). Record this **date and time** on the container. This is the start time of your collection (e.g. 8am on the 6<sup>th</sup> March).
- 2. ALL urine passed, day or night, **after the start time**, must be collected in the container for the next 24 hours, i.e. until the same time the following day.
- 3. At the finish time (e.g. 8am on the 7<sup>th</sup> March) you should empty your bladder in to the container.
- 4. Please record the finish date and time on the urine container label.

## After your collection:

Please ensure to write your **full name**, **date of birth**, **GP surgery/ward** and **NHS number** clearly on the urine bottle. Unlabelled samples will NOT be processed and will have to be repeated.

Ensure the lid is screwed on firmly.

If you have any questions, or are experiencing any problems, please contact the laboratory on: (01225) 824712 (direct line). Please return the collected bottles to your GP practice, directly to the hospital or to the laboratory.

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