

PATIENT INSTRUCTIONS FOR ACIDIFIED 24 HOUR URINE COLLECTION

(METADRENALINES/METANEPHRINES)

**NB. A PATHOLOGY MILLENIUM LABEL, ICE LABEL or REQUEST FORM MUST BE HANDED IN WITH THE URINE COLLECTION. SAMPLES RECEIVED WITHOUT A REQUEST MAY NOT BE TESTED.**

**NB. START AND FINISH DATES AND TIMES MUST BE WRITTEN ON THE BOTTLE**

CAUTION

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

**Avoid any skin contact with acid.** 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

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

- **Start Time** : On rising the patient should empty bladder as completely as possible into the **TOILET** i.e. discard it. Record this time on the container. This is the **start time** (e.g. 8 am on the 6<sup>th</sup> March)
- ALL urine passed, day or night, after the Start time, must be collected in the container for the next 24 hours, ie. Until the same time the following day.
- **Finish time**. At the finish time (eg 8am on the 7<sup>th</sup> March) you should empty your bladder as completely as possible collecting this urine in the container.
- Write this finish time on the urine container's label.
- Please also write **your** full name, date of birth, and surgery or ward details **clearly** on the 24 hr container label.
- If you have any queries or experience any problems please contact the laboratory on telephone number : (01225) 824712 (direct line)