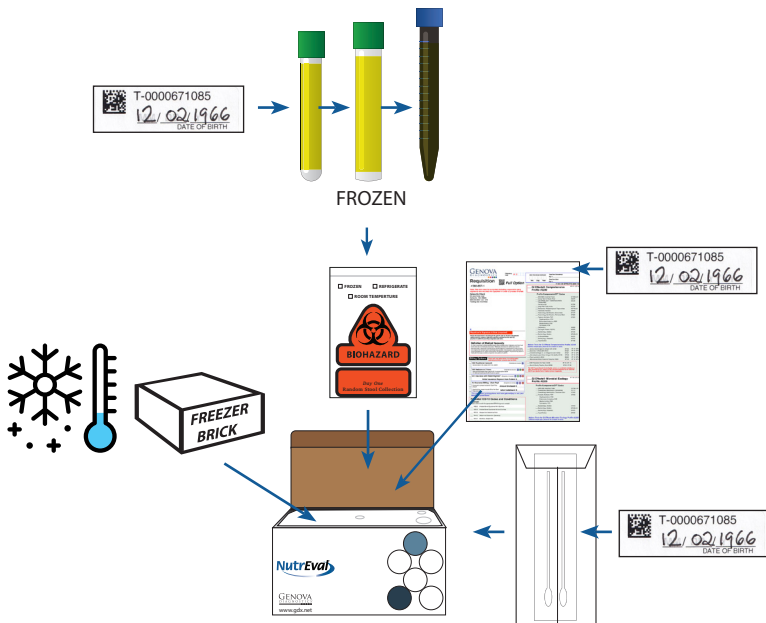


FINAL PREP AND SHIPPING

1. Place biohazard bag with frozen urine tubes, frozen freezer brick, and absorbent material in foam insulator box inside the outer collection box.
2. If also collecting the cheek swab samples, bring the envelope with the swabs.
3. Bring collections to your clinician the day of the blood draw

RETURN CHECKLIST

- All Tubes with peel and stick labels with patient's date of birth
- FROZEN GREEN-TOP URINE TUBE
- FROZEN GREEN-TOP PRESERVATIVE TUBE
- FROZEN BLUE-TOP AMBER TUBE
- ENVELOPE WITH SWABS INSIDE
- TEST REQUISITION
- All frozen urines Inside biohazard bag with absorbent pads
- All materials including frozen freezer brick inside Genova box



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Patient Collection Instructions

For Test #3000

Test prep, FAQs, and the collection video can be found at www.gdx.net/nutrevalprep or scan the QR code.

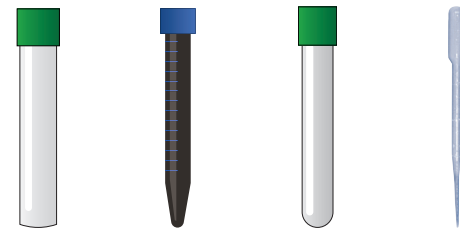


Shipping Notice:

Finish collection and ship **Monday through Friday**.
US holidays can affect shipping times.

COLLECTION MATERIALS - KEEP OUTER BOX FOR SHIPPING TO LAB

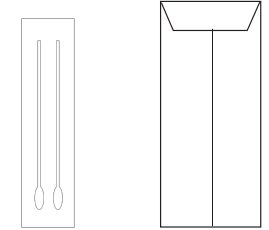
AT-HOME URINE COLLECTION



Green-top preservative tube Blue-top amber tube Green-top urine tube Pipette

- FOAM INSULATOR BOX
- FREEZER BRICK
- BIOHAZARD BAGS WITH ABSORBENT MATERIAL
- RUBBER BAND
- TEST REQUISITION FORM
- PEEL AND STICK LABELS
- VIAL SLEEVE

AT-HOME SWAB COLLECTION



Cotton swabs applicators and package Envelope

- FEDEX® ENVELOPE
- BILLABLE STAMP

TEST REQUISITION FORM - RETURN WITH SHIPPING BOX

Complete all sections using the paper form included or online at www.gdx.net/mygdx for clinicians
www.gdx.net/prc for patients



Watch the How-to Video at
www.gdx.net/mygdx or www.gdx.net/prc

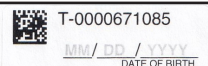
Both methods require the **paper form to be returned with the pack.**

PEEL AND STICK COLLECTION LABELS

Fill out all the peel and stick labels with **ONLY** your date of birth (DOB) (mm/dd/yyyy) and apply to all the tubes, the swab envelope, and the requisition.

There may be extra labels left over.

Do not write on the tubes.



VERY IMPORTANT



Abnormal kidney function or use of diuretics may influence test results



Do not collect if there is blood in urine, including menstrual or other blood



Medications
Check with your clinician whether it is necessary to discontinue medications/supplements

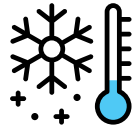
THE DAY BEFORE THE URINE COLLECTION



Eat usual diet
avoid over-eating any single food or extreme diet



Limit to (6) 8-ounce glasses of fluid over 24 hours before collection



Freeze the freezer brick overnight



Fast overnight prior to urine collection and blood draw - water is okay

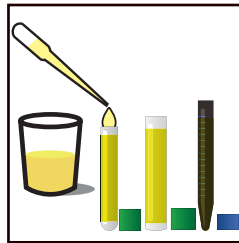
URINE COLLECTION

Have a clean container available to urinate into (a large plastic cup will work)

1. If you wake up during the night, within 6 hours of your morning urination, **collect** that urine into a clean container – and **refrigerate** it. Upon waking in the morning, **collect** your urine **into the same container**.

2. Use the pipette to **transfer** urine from the collection container into the **green-top preservative tube, blue-top amber tube, and green-top urine tube** until all are nearly full.

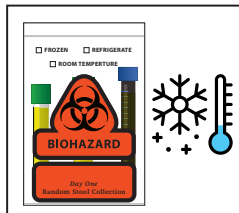
Avoid contact with the skin and eyes. For eye contact, flush with water thoroughly for 15 minutes. For skin contact, wash thoroughly with soap and water. If ingested, contact poison control center immediately.



3. Recap the tubes tightly and **shake**.

4. Place a peel and stick label on all the tubes and the test requisition. **Make sure** your date of birth (mm/dd/yyyy) is filled out.

5. Place the tubes into the biohazard bag labeled **BAG ONE** and **freeze** for a minimum of 2 hours.



CHEEK SWAB COLLECTION

THE NIGHT BEFORE



Use your normal nightly routine of brushing and flossing of teeth, but **do not** use **mouthwash**

THE MORNING OF COLLECTION



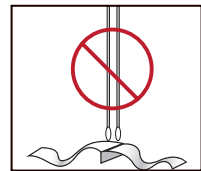
Just prior to collection, wash hands thoroughly with soap



Cheek swab must be collected immediately upon rising. Do not practice normal oral hygiene routine. **Do not** eat or drink anything other than water.

CHEEK SWAB COLLECTION- COMPLETE ONLY IF ORDERED BY CLINICIAN

1. Keeping the packet intact, peel open the package labeled, "Sterile Cotton Tipped Applicator."
Only peel back the package far enough to remove the cotton swab applicator.



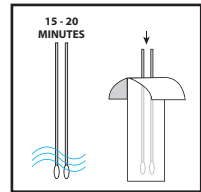
2. Remove one cotton swab applicator.
Do not touch the cotton tip.



3. Open your mouth widely and insert cotton tip of the swab applicator. For at least 30 seconds, **aggressively scrape** the inside of your cheek using a back and forth, and up and down motion. **Rotate** the applicator several times, and **swab** between the cheek and gums. **Avoid** excessive saliva.

4. REPEAT 2 - 3 WITH SECOND SWAB

5. Allow swab applicators to air dry for 15-20 minutes, then **replace** them (swab first) into the swab applicator package.



6. Place a peel and stick label on the envelope.
Make sure your date of birth (mm/dd/yyyy) is filled out.

7. Insert swab applicator package into the envelope and seal.

