

MAILING INSTRUCTIONS

1 COLLECT ON APPROPRIATE DAYS
Ensure that the test was collected on a **Sunday or Monday** and is being shipped no later than a **Wednesday**.
DO NOT SHIP ON THURSDAY OR FRIDAY.
(If you cannot post by Tuesday, it may be possible to place the sample and ice pack in the freezer for posting on the following Monday).

2 COMPLETE REQUISITION FORM
Ensure the **Requisition Form** is fully completed. *The test cannot be performed without a fully completed Requisition Form.*

3 LABELLING
Ensure all Specimen Collection Cups have been labelled with **Name, Date and Time of Collection** and **Date of Birth**.

4 PACKING THE SAMPLE
Place **cardboard collection box** (with samples) and **Requisition Form** into **Express Post Bag**.

5 DROP OFF
Drop off the **Express Post Bag** at your local post office between 2-5pm.

AVOID THE SAMPLE BEING REJECTED

***Sample rejection incurs a \$50 recollection fee**

- ✓ Please ensure that all sample collection and storage requirements have been adhered to correctly.
- ✓ All fields on Requisition Form are completed.

Further information and FAQ's can be found at
RNLabs.com.au
under **Patient Resources**.



CONTACT US

FIRST MORNING VOID TEST - ADULT

FOR SHIPPING & COLLECTION QUERIES AND QUESTIONS

 1800 110 158

 18/93 Rivergate Place,
Murarrie QLD 4172

 Support@RNLabs.com.au

Organic Acids Test (OAT) | GPL-TOX |
GPL-MycoTOX | Glyphosate

Contents

- 1x Requisition Form
- 1x Express Post Bag
- 1x Cardboard Box
- 1x Urine Collection Bag
- 1x Biohazard Ziplock Bag
- 1x Silver Thermo Bag
- 1x Ice Pack
- 1x Absorbent Material

**RN LABS CANNOT, UNDER ANY CIRCUMSTANCES,
OFFER HEALTH ADVICE TO PATIENTS.
SHOULD YOU REQUIRE FURTHER SUPPORT,
PLEASE CONTACT YOUR HEALTHCARE
PRACTITIONER.**

COLLECTION INFORMATION

PLEASE READ ALL INSTRUCTIONS IN FULL BEFORE BEGINNING TEST



1 PLACE ICE PACK IN FREEZER

CHECK LIST

- ✓ Ensure that the test sample is collected on a **Sunday or Monday** and shipped no later than **Wednesday**. **(DO NOT SHIP ON THURSDAY AND FRIDAY)**
- ✓ **Specimen Requirements:** First Morning, mid-stream urine before food and drink. (Or, first urine catch after your longest stretch of sleep).
- ✓ **Supplements & medications** may alter results. Please check with your healthcare provider and follow their instructions. (Before making any changes to medications).
- ✓ **Female patients** should not collect urine during a menstrual period.
- ✓ Ensure to save the **cardboard collection box** to ship your samples back to RN Labs.

DIET/MEDICATION REQUIREMENTS*

* All other panels do not have dietary requirements.

FOR ORGANIC ACIDS TEST (OAT)

AVOID FOR **48 HR** PRIOR TO COLLECTION

- Aged/Processed Cheeses
- Apples
- Arabinogalactan
- Avocado
- Bananas
- Cranberries
- Echinacea
- Fruit Juice
- Grapes/Raisins
- Jelly
- Kiwi
- Pears
- Pecan
- Pineapple
- Plums/Prunes
- Reishi
- Mushrooms
- Ribose Supplements
- Tomato/Tomato Sauce
- Vanilla Extract
- Walnut
- Wine

FOR GLUTEN/CASEIN PEPTIDES TEST

AVOID FOR **1 WEEK** PRIOR TO COLLECTION

Soy/Soy Containing foods
(Soy Oil and Soy Lecithin are acceptable).

NON-ESSENTIAL MEDICATION

Please refrain from taking non-essential medications **48 hrs** prior to and during the specimen collection, as advised by your practitioner.

FIRST MORNING COLLECTION



2 COMPLETE REQUISITION FORM
Incomplete forms will result in sample rejection.

3 WHEN YOU ARISE COLLECT SAMPLE



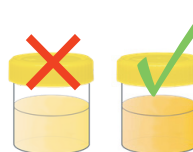
BEFORE eating or drinking, use the Specimen Collection Cup to collect your first morning urination.

4 FILL VIAL TO TOP OF WHITE LABEL



Tighten the screw-cap **SECURELY**. **DO NOT** overfill vial
(NOTE: Minimum 10ml urine required; approx. to bottom of white label).

5 URINE MUST BE YELLOW



If the urine is **clear** the sample is too dilute. Discard sample, rinse collection cup in hot water only (no soap) and air dry, then reattempt collection the following Sunday or Monday.

6 LABEL SPECIMEN CUP



Write the patient's **Name, the Date and Time of Collection**, and the patient's **Date of Birth** on the Specimen Collection Cup.

7 PLACE SAMPLE IN FREEZER



PREPARATION FOR SHIPPING



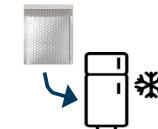
1 PACK INTO SPECIMEN POUCH
Place Specimen Collection Cup & Absorbent Material inside the Biohazard Bag and close zip lock. **DO NOT** put the Absorbent Material inside the collection cup!



2 REQUISITION FORM
Place the Test Requisition Form in the outer sleeve of the Biohazard Bag.



3 TAKE ICE PACK OUT OF FREEZER
Place the frozen Ice Pack and Biohazard Bag into Silver Thermo Bag.



4 PACK INTO BOX FOR FREEZING
Place Silver Thermo Bag in freezer until sample is frozen solid (usually about 6 hours minimum).

MAILING INSTRUCTIONS ON NEXT PAGE