

2019

Urine 24-Hour Porphyrins Collection

South Shore
Regional Hospital

Samples that are not labelled correctly or do not have a complete requisition form will not be tested.



www.nshealth.ca

Urine 24-Hour Porphyrins Collection

Instructions

- Start when you have 2 days in a row that are routine (you plan to get up at the same time and have no special commitments).
- Your doctor has given you a form for this test. This form is called your **requisition**.
- Start collection in the morning, with an **empty bladder**.
- If you miss any urine (pee) over the 24-hour period, you must start a new 24-hour collection.
- Use only the collection bottle(s) given to you by your doctor, local lab, or blood collection clinic.
- Keep the bottle **in the fridge** between collections.
- Bring the bottle to an approved drop-off site **as soon as you finish** the 24-hour collection (see back cover for sites).


DAY 1	<p>When you get up, use the washroom as usual. Do not collect this sample. This is your start time.</p> <p>Write your full name, the date, your health card number, and the start time on the bottle label and requisition.</p> <p>Collect ALL your urine in the bottle that day and night.</p>
DAY 2	<p>Get up at the same time as on DAY 1.</p> <p>Collect your 1st morning urine and add it to the bottle.</p> <p>Write your end date and end time on the bottle label and requisition.</p>

**What are your questions?
Please ask.
We are here to help you.
Please see back cover for
contact information.**

If you need to do a second 24-hour urine collection:

DAY 2 cont.	Write your full name, the date, your health card number, and the start time on the 2nd bottle label and requisition. The date and time should match the end date and time on your 1st bottle. Collect ALL your urine in the 2nd bottle that day and night.
DAY 3	Get up at the same time as on DAY 2. Collect your 1st morning urine and add it to the 2nd bottle. Write your end date and end time on the bottle label and requisition.

Make sure the collection bottle(s) is labelled with your name, date(s) of collection, health card number, and start and end times.



Each **requisition** must have:

- › Your **full name and date of birth**
- › Your **health card number**
- › Your **doctor's full name and address**
- › **Start and end dates and times** for each urine collection

Take the sample to one of the following Nova Scotia Health Authority Laboratory Services locations:

South Shore Regional Hospital
Main Floor

90 Glen Allan Drive

Bridgewater NS B4V 2S6

Phone: 902-527-5261

Hours: Monday-Friday, 7-11 a.m.

Registration: Monday-Friday,
6:45-10:45 a.m.

Fisherman's Memorial Hospital
2nd Floor

14 High Street

Lunenburg NS BOJ 2C0

Phone: 902-634-8801

Hours (including Registration):

Monday-Friday, 7:30-11:30 a.m.

Queen's General Hospital

1st Floor

175 School Street

Liverpool NS B0J 1K0

Phone: 902-354-3436

Hours (including Registration):

Monday-Friday, 7:30-11:30 a.m.

North Queen's Health Centre

9698 Highway 8

Caledonia NS B0T 1B0

Phone: 902-682-2533

Hours (including Registration):

Wednesdays, 7:30-10:45 a.m.

Our Health Centre

3769 Hwy 3

Chester NS B0J 1J0

Phone: 902-275-2830

Hours (including Registration):

Tuesdays and Thursdays,

7:30-10:45 a.m.

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South Shore Regional Hospital

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The information in this pamphlet is to be updated every 3 years or as needed.