Before starting, read the important note on the back of this pamphlet.
Creatinine Clearance Collection

Instructions

• Your doctor has given you a form for this test. This form is called a requisition.

• Start when you have 2 days in a row that are quite routine (you plan to get up at the same time and have no special commitments).

• 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 creatinine clearance bottle to a blood collection clinic as soon as you finish the 24-hour collection (see back cover for sites).
<table>
<thead>
<tr>
<th>DAY 1</th>
<th>Write your <strong>full name, health card number, date of birth, and the start time and date</strong> on the bottle label and requisition. Write your height (inches) and weight (pounds) on the requisition. When you get up, <strong>use the washroom as usual. Do not collect this sample</strong>. This is your start time. Collect <strong>ALL your urine in the bottle that day and night</strong>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY 2</td>
<td><strong>Get up at the same time as on DAY 1. Collect your 1st morning urine and add it to the bottle. Write your end date and end time</strong> on the bottle label and requisition.</td>
</tr>
</tbody>
</table>

**What are your questions? Please ask. We are here to help you. Please see back cover for contact information.**
If you need to do 2 back-to-back 24-hour urine collections:

<table>
<thead>
<tr>
<th>DAY 1</th>
<th>Follow any special rules and instructions for each collection. Collect your other urine specimen on the 1st day instead of the creatinine clearance urine specimen. You will collect your creatinine clearance urine specimen on the 2nd day.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 2</td>
<td>After collecting your first morning urine in the 1st bottle, write your full name, health card number, date of birth, and the start time and date (same as end date and time on the 1st bottle) on the 2nd bottle label and requisition. Write your height (inches) and weight (pounds) on the requisition. Collect ALL your urine in the 2nd bottle that day and night.</td>
</tr>
<tr>
<td>DAY 3</td>
<td>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.</td>
</tr>
</tbody>
</table>
Important note

Within 5 hours of finishing your urine collection, you must have a blood specimen collected. Your doctor must give you a requisition for this. Bring your requisition(s), your urine specimen(s), and your health card to a blood collection clinic.

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
Bring your sample to your local blood collection clinic. Hours and addresses vary. Check www.nshealth.ca/blood-collection for more information.

Phone: 902-473-2266

Email: DPLMCustomerService@nshealth.ca

Looking for more health information?
Find this pamphlet and all our patient resources here: http://library.nshealth.ca/PatientGuides

Contact your local public library for books, videos, magazines, and other resources. For more information, go to http://library.novascotia.ca

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit https://811.novascotia.ca

Learn about other programs and services in your community:
Call 211 or visit http://ns.211.ca

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www.nshealth.ca

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The information in this brochure is for informational and educational purposes only. The information is not intended to be and does not constitute health care or medical advice. If you have any questions, please ask your health care provider.

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