

Each **requisition** must have:

- › Your **full name and date of birth**
- › Your **health card number**
- › Your **primary health care provider's full name and address**
- › The names of **all antibiotics you are taking**
- › The names of **all countries outside of North America that you have visited (or emigrated from) in the past 12 months**
- › **Date and time of each urine collection**

Take your sample(s) to one of these drop-off sites:

South Shore Regional Hospital

Main Floor
90 Glen Allan Drive
Bridgewater, NS B4V 2S6
Phone: 902-527-5261
Hours: Monday to Friday, 7 a.m. to 2 p.m.

Queen's General Hospital

1st Floor
175 School Street
Liverpool, NS B0J 1K0
Phone: 902-354-3436
Hours (including Registration):
Monday to Friday, 8 to 11:30 a.m.
Closed for drop-offs from 8:30 to 9 a.m.

North Queen's Health Centre

9698 Highway 8
Caledonia, NS B0T 1B0
Phone: 902-682-2533
Hours (including Registration):
Wednesdays, 7:30 to 10:30 a.m.
Closed for drop-offs from 9:50 to 10:20 a.m.

Fishermen's Memorial Hospital

1st Floor Registration
14 High Street
Lunenburg, NS B0J 2C0
Phone: 902-634-8801
Hours (including registration):
Monday to Friday, 7:30 to 11 a.m.
Closed for drop-offs from 9 to 9:30 a.m.

Our Health Centre (OHC)

3769 Hwy 3
Chester, NS B0J 1J0
Phone: 902-275-2830
Hours (including Registration):
Mondays and Thursdays,
7:40 to 10:30 a.m.
Closed for drop-offs from 9:30 to 10 a.m.

*Prepared by: Pathology and Laboratory Medicine,
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Designed by: Nova Scotia Health Library Services

The information in this pamphlet 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.



Mid-stream Urine Collection

South Shore Regional Hospital

Collections that are not labelled correctly or do not have a requisition filled out will not be tested.



Instructions

- Your primary health care provider (family doctor or nurse practitioner) has given you a form for this test. This form is called a **requisition**.
- Use **only** the collection bottles and wipes given to you by your primary health care provider, local lab, or blood collection clinic.
- Use a pen that will not smudge when you are writing on the bottle. **If the staff at the lab cannot read what you wrote on the bottle label, your collection will not be tested.**

1. Write your **full name**, your **date of birth**, your **health card number**, and the **collection date and time** on both the **requisition and the bottle**.
2. Wash your hands.
3. Take the caps off the bottles. **Do not** touch the inside of the caps or bottles.

4. Clean your genital area.
 - **If you have a vagina:**
 - › Open a wipe.
 - › Separate (move apart) the labia (skin folds around the opening of the vagina).
 - › Wipe the area between your labia from front to back.
 - **If you have a penis:**
 - › Open a wipe.
 - › Pull back the foreskin (skin that covers the head of the penis).
 - › Wipe the head of your penis.
5. **Make sure your skin does not touch the bottle as you urinate (pee).**
6. Urinate a small amount into the toilet, then **stop the flow of urine** by tightening your pelvic muscles.
7. Urinate into the bottle until it is half full. **Stop the flow again.**

8. If you were asked for 2 urine collections, **fill the second bottle now**. If not, finish urinating in the toilet.
9. Close the lids of the bottles tightly. **Do not** touch the inside of the caps or bottles. **Check that the bottle does not leak**. Wash your hands.
10. Take each filled bottle and requisition to an approved drop-off site **as soon as you finish**. **If you do not bring the collection in soon enough, we may not be able to test it.**
- If it will take **more than 2 hours to drop off your collections**, put the bottles in the fridge.
- **Do not** put it in the freezer.

