

Drop-off sites:

Drop-off sites are closed on holidays.

South Shore Regional Hospital

Main floor
90 Glen Allan Drive
Bridgewater NS B4V 2S6

- **Drop-off hours:**
 - › 7 a.m. to 2 p.m. (Mon-Fri)
 - › When you arrive, take a Q-matic ticket.
- **Closed:**
 - › 8:30 a.m. to 9 a.m.
 - › 11:30 a.m. to 12 p.m. (noon)

Fisherman's Memorial Hospital

1st floor registration
14 High Street
Lunenburg NS BOJ 2C0

- **Drop-off hours:**
 - › 7:30 a.m. to 2 p.m. (Mon-Thurs)
 - › 7:30 a.m. to 11 a.m. (Fri)
 - › When you arrive, take a Q-matic ticket.
- **Closed:**
 - › 9 a.m. to 9:30 a.m.
 - › 11 a.m. to 12 p.m. (noon)

Queen's General Hospital

1st floor
175 School Street
Liverpool NS B0T 1P0

- **Drop-off hours:**
 - › 9 a.m. to 11:30 a.m.
 - › 12 p.m. (noon) to 2 p.m. (Mon-Fri)
 - › When you arrive, take a Q-matic ticket.
- **Closed:** 11:30 a.m. to 12 p.m. (noon)

North Queen's Health Centre

9698 Highway 8
Caledonia NS B0T 1B0

- **Drop-off hours:**
 - › 7:30 a.m. to 10:45 a.m.
(every second Wed)

Our Health Centre

3769 Highway 3
Chester NS B0J 1J0

- **Drop-off hours:**
 - › 7:30 a.m. to 10:45 a.m. (Thurs)

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

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South Shore Regional Hospital

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2025

24-Hour Urine Collection for Porphyrins

South Shore Regional Hospital

Your collection sample will not be tested if:

- › it is not labelled correctly.
- › your requisition is not filled out.

Instructions

- Your primary health care provider (family doctor or nurse practitioner) has given you a form for this test. This form is called your **requisition**.
- Start your urine (pee) collection when you have **2 days in a row** that are routine (you plan to get up at the same time and have no special plans). Your samples must be collected on 2 separate days.
- If you miss any urine over the 24-hour period, **you must start a new 24-hour collection**.
- Use **only** the collection bottles given to you by your primary health care provider, local lab, or blood collection clinic.
- **Do not** pee directly in collection bottle.
- Keep the bottle **in the fridge** between collections and after the last collection.
- Use a pen that will not smudge to print on the bottle label. **If lab staff cannot read what you wrote on the bottle label, your collection will not be tested.**
- Bring the filled bottle(s) and requisition to an approved drop-off site **as soon as you finish your collection(s)** (see back cover for sites).

Day 1

1. Print your **full name and date of birth, health card number**, and the **collection date and time** on the bottle label **and** requisition.
2. When you get up, pee as usual. **Do not** collect this urine. **This is your start time.**
3. Collect **all** your urine from that day and night in the same bottle.

Day 2

1. Get up at the same time as Day 1.
2. Collect your 1st morning urine and add it to the bottle. **This is your end time.**
3. Print your **end time and date** on the bottle label **and** requisition.

If you need to do 2 back-to-back 24-hour urine collections:

Day 2 (continued)

1. Print your **full name and date of birth, health card number**, and the **start time and start date (this is the same as the end time and date on the 1st bottle)**.
2. The date and time should match the end date and time on your 1st bottle.
3. Collect **all** of your urine in the 2nd bottle that day and night.

Day 3

1. Get up at the same time as Day 2. Collect your 1st morning urine and add it to the 2nd bottle. **This is your end time.**
2. Print your **end time and date** on the bottle label **and** requisition.
3. Make sure the collection bottle(s) is labelled with your **full name and date of birth, health card number, and the start and end times and dates.**

If you have been asked to collect a sample and you are having trouble, call your primary health care provider.

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**
- › **Start and end times and dates** for each urine collection

Please see back cover for drop-off site locations and hours.