

If you are at a lab or clinic and cannot collect a sample, tell a member of the health care team.

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.

Prepared by: Pathology and Laboratory Medicine,
South Shore Regional Hospital

Designed and Managed by: Nova Scotia Health Library
Services

QY85-1996 © July 2025 Nova Scotia Health Authority
To be reviewed July 2028 or sooner, if needed.
<https://library.nshealth.ca/patient-education-resources>

2025

Urine Collection for Chlamydia

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**.
- You will be given:
 - › A collection bottle
 - › A tube (with a yellow label)
 - › A plastic pipette (smaller tube to draw up urine [pee])
- Use **only** the collection bottle, tube, and pipette given to you by your primary health care provider, local lab, or blood collection clinic.
- **Do not** pee directly in collection bottle.
- **Do not:**
 - › collect a sample if you have your period.
 - › clean your genitals before collecting a sample.
 - › pee at least 1 hour before collecting a sample.
- 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 collection tube and requisition to an approved drop-off site **as soon as you finish your collection(s)** (see the back cover for sites).
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. Wash your hands before collecting your sample.
 - › **Do not** touch inside the caps, the bottle, or the tube.
 - › If you touch the liquid in the tube, rinse the area with lots of water right away.
 - › If the liquid spills out of tube, you will need to stop the collection and use a new tube.
 3. Make sure your skin **does not** touch the bottle as you pee.
 4. Collect the 1st part of your urine (20 to 30 ml) in the collection bottle. **Do not** collect more than 30 ml, as this will affect the results.
 5. Right away, use the pipette to move the urine into the tube with the yellow label. Add urine to the tube until the tube is filled between the 2 black lines labelled: “Urine Fill Line”.

6. Screw the tube’s cap on tightly. **Do not touch inside the cap or the tube.**
7. Throw away the collection bottle and the pipette. Wash your hands.

If you have been asked to collect a sample at home and 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.