

Urine collection (timed)

What is a timed urine collection?

This is a test of all the urine the body produces over a specific time period to find out how well the body is working.

How do I collect the urine?

Pick a time to begin the urine collection. Plan for it to be done at a time when you can bring it to the lab within 4 hours of completing it. Do not collect during a menstrual period.

If you do not have a written order for the test **call the clinic** (weekdays: 8 am to 4:30 pm) to let us know when you will be bringing in the urine collection. This is so the lab will have test orders at the same time as the urine arrives.

Get containers ready:

1. Primary containers

- It is best to use the UrineGUARD® collection bottle provided by the hospital, clinic or lab, **or**
- You may use a **clean** half-gallon-plastic milk or juice container.

2. Collection device

You will need a container to urinate into. Then transfer urine into the collection bottle right away. Do not use the collection device for a primary container. You can use:

- a special collection device given to you, **or**
- a **clean** plastic container, such as a Cool Whip® container.

Be sure to collect **all** the urine each time, not just a sample. Take care to keep the urine separate from stools (bowel movements). Put toilet paper into the toilet bowl; **do not** put it into the urine container.

If any urine is spilled or missed during the collection period, empty and rinse containers, and start over at the next convenient time. If your child is not toilet trained or wets the bed, discuss this with the doctor or nurse.

There are usually 3 types of timed urine collections. Follow the directions checked below:

12-hour (overnight) **24-hour**

1. To begin, urinate in the toilet and flush this urine. Write this time in the beginning date and time on the label (see below).
2. Collect **all** the urine for the required amount of time. Urinate into the collection device. Each time, add the urine to the collection bottle. **Keep it in the refrigerator or on ice.**
3. Urinate at the end of the time period, or as close to that as possible. Pour this last collection into the bottle. Write the ending date and time on the label.

Split collection (2 separate bottles for day and night):

1. When getting up in the morning, urinate in the toilet and flush it. Write the beginning date and time on the label provided. Write "Day" on the label (see below). If it is not already attached, put the label on the first bottle.

2. Collect all urine during the day. Urinate into the collection device. Each time, add the urine to the collection bottle. **Keep it in the refrigerator or on ice.**
3. Urinate at bedtime and add this urine to the day collection. Write the ending date and time on the label.
4. Write this same date and time on a second label as the next beginning time. Write "Night" on the label. Attach it to the second bottle, if not already done.
5. Collect all urine during the night and put it in the night bottle.
6. When getting up in the morning, urinate and add this urine to the night collection. If you do not get up during the night, this container will contain only the morning urination. Write the ending date and time on the label.

What do I do with the urine collection?

1. You **must** bring the urine to the lab within 4 hours of finishing the collection, otherwise, you will need to start over. Keep it cool during transportation. If you have a written order for the test, bring it with you
2. Before bringing the collection to the lab, go to the admitting department on first floor to register.

Questions?

This sheet is not specific to your child, but provides general information. If you have any questions please call the clinic.

Labeling the bottles

Fill in first and last name, and the beginning and ending dates and times on the label provided. If it is a split collection, you will have two labels, one for each bottle. Label the bottles "Day" and "Night." If you do not have labels, you can cut these out and attach them to the bottles.

Name	
Med. Rec. #	
_____ HOUR URINE COLLECTION	
BEGINNING DATE AND TIME	HEIGHT (CM)
END DATE AND TIME	WEIGHT (KG)
TEST(S) REQUIRED	STATION
CONTAINER OF	INITIALS
PRESERVATIVE ADDED	PLEASE REFRIGERATE

Fill in

Name	
Med. Rec. #	
_____ HOUR URINE COLLECTION	
BEGINNING DATE AND TIME	HEIGHT (CM)
END DATE AND TIME	WEIGHT (KG)
TEST(S) REQUIRED	STATION
CONTAINER OF	INITIALS
PRESERVATIVE ADDED	PLEASE REFRIGERATE

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