

# 24-Hour Urine Specimen Collection

Your doctor has requested a laboratory test that requires a 24-hour urine collection. Please follow the instructions below to help insure the accuracy and quality of your test.

## About the 24-hour Urine Collection Container

Do not void directly into the 24 hour urine container. Use a clean, disposable large drink cup as the primary collection container. Following each collection, pour each urine specimen into the 24 hour urine container. Keep the 24 hour urine container refrigerated during the collection period.

## Preparing for the Collection

To the best extent possible, avoid using vitamins, coffee, alcoholic beverages, salt and vanilla-containing foods for at least 24 hours before you start collecting the 24-hour urine and during the entire collection period.

## Instructions for Collection of the 24-Hour Urine

For proper evaluation of tests on a 24-hour urine sample it is important that complete and accurate collection be made.

- Do not drink any alcoholic beverages during the collection period.
- Upon rising in the morning, empty your bladder and discard the specimen. Immediately afterwards, record the time and date of the voiding in the "Start date / time" space.
- During the next 24 hours, save all the urine voided in the 24 hour urine container provided.
- At the end of 24 hours, empty your bladder and add this specimen to the 24 hour urine container.
- Keep the collected urine refrigerated, and bring it to the lab as soon as possible after the 24-hour collection is completed.

## Diet / Drug Restrictions for 24-hour Urine Collection:

Test: **5-HIAA**

DO NOT eat:

Avocados  
Bananas  
Eggplant  
Pineapple  
Plums  
Tylenol (Acetaminophen)  
Walnuts

Test: **Metanephrines**

The following drugs interfere with the assay:

Aldomet (Methyldopa)  
BuSpar (Buspirone)  
Cardizem (Diltiazem HCl)  
Pamelor (Nortriptyline HCl)  
Procardia (Nifedipine)  
Synefrine  
Tenormin (Atenolol)  
Tyramine  
Zantac (Ranitidine)

**Consult Your Physician Before Discontinuing Any Medication.**

## PATIENT MEDICATION INFORMATION

Patient name \_\_\_\_\_ Doctor \_\_\_\_\_

24-hour urine test(s) \_\_\_\_\_

Please list all medications currently being taken, both prescribed and over the counter:

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Please fill out this form and submit it with your specimen at the laboratory. **Thank You.**