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## KIT CONTENTS

If you have questions, please call your provider before proceeding. If your kit is missing components, call (800) 323-2784 for a replacement.



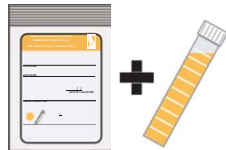
Cardboard kit box



Insulated cooler with lid  
(keep in kit box)



Ice pack  
(place in freezer immediately)



Plastic bag containing:  
1 urine tube and 1 absorbent pad



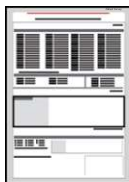
urine collection cup  
(separate from kit contents)



OPTIONAL  
24-hour urine collection container  
(separate from kit contents)



Requisition form



Patient survey



(USA Only)  
FedEx Clinical Pak



(USA Only)  
FedEx  
Billable Stamp

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## PREPARATION

The testing for **neurotransmitter analysis** can be performed from a 1st or 2nd morning void, or a 24-hour urine collection.

The testing for **amino acid analysis** can be performed from a 1st morning void or a 24-hour urine collection.

**BEFORE YOU START:** Please read all of the instructions carefully. Your physician has ordered this testing. Make sure that your physician has selected a test profile on the requisition form. Consult with your doctor regarding any dietary recommendations or supplement and medication usage during this collection. Menstruating women should not collect urine sample during their period.

### RECOMMENDATIONS BEFORE AND DURING COLLECTION

NEUROTRANSMITTER ANALYSIS	
<b>2 days before and during collection</b>	Avoid avocados, eggplant, tomatoes, bananas, melons, pineapple, grapefruit, plums, nuts, nut butters, wine, cheese, rice, and chocolate
<b>1 day before and during collection</b>	Avoid strenuous exercise, alcohol, coffee, tea, and caffeinated beverages, tobacco or nicotine products
<b>Day of collection</b>	It is recommended to avoid all supplements and medications until after the sample(s) have been collected (including those that regulate allergy, mood, sleep, pain and inflammation). <i>Never discontinue prescription medications without first consulting your physician.</i>

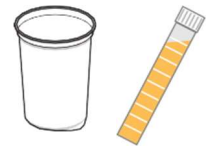
### AMINO ACID ANALYSIS

Eat a regular diet that contains protein the day before and during collection. If possible, discontinue non-essential medication and supplements 48 hours prior to collection. Do not collect when taking antibiotic medication.

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## SPOT COLLECTION

Your physician should have provided you with a separate plastic collection cup to be used to collect urine. Any clean container can be used to collect urine.



*This test is recommended to be from First Morning Void. If you are collecting a 24-hour urine collection, go immediately to page 5.*

1. When you wake up and get out of bed for the day, you can collect either the 1st morning void of the day (for neurotransmitters or amino acids) or the 2nd morning void (for neurotransmitters only.)

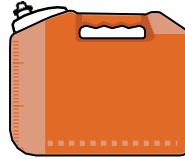
In the Collection Information Section of the Requisition, fill in the waking time and the time that the urine was collected. **Mark the box for collection type: 1st or 2nd morning.**

2. Collect a midstream specimen of urine in the collection cup. DO NOT urinate directly into the tube. The tube contains an acid preservative\* that may irritate the skin.
3. Pour the urine into the specimen vial. Fill the vial to the fill line – do not underfill. Close vial tightly to ensure a good seal. Gently rock the tube back and forth to mix urine with the preservative.\*
4. Complete the requested information on the tube label: name, date of birth, date and time of collection.
5. Place the tube inside the plastic zip-lock bag with the absorbent material and seal.
6. Freeze the urine sample for at least 4-6 hours and keep frozen with the frozen ice pack until ready to ship. *Your collection is now complete, continue to page 6 for shipping instructions.*

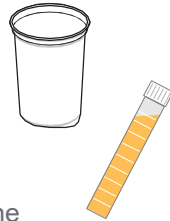
\*Please note: specimen vial contains approximately 60mg of oxalic acid. Do not ingest or inhale. Wipe spills with a wet towel. In case of contact with skin, wash with soap and plenty of water. In case of accidental contact to eye or ingestion, rinse with plenty of water. Seek medical attention if warranted.

## 5 24-HOUR COLLECTION (OPTIONAL)

1. When you wake up and get out of bed for the day, urinate into the toilet and flush – do not save this urine. *Begin the 24-hour collection with the 2nd void of the day and collect all urine up to and including the 1st morning void of the following day.*



2. Collect urine in the collection cup. Pour the urine into the large orange 24-hour collection container. Keep the urine cold during the 24-hour period (in a refrigerator or a cooler)



3. After all of the urine has been collected, place the large 24-hour container on a level surface and read the volume from the markings on the container.

In the Collection Information Section of the Requisition, fill in the date of collection, the waking time, and total 24-hour volume. **Mark the box for 24-hour collection.**

4. Mix the urine by shaking the large container. Pour the urine into the specimen vial. Fill the vial to the fill line – do not underfill. Close vial tightly to ensure a good seal. Gently rock the tube back and forth to mix urine with the preservative\* (see page 3).

5. Complete the requested information on the tube label: name, date of birth, date and time of collection, and 24-hour volume.

6. Place the tube inside the plastic zip-lock bag with the absorbent material and seal.

7. Freeze the urine sample for at least 4-6 hours and keep frozen with the frozen ice pack until ready to ship.

## 6 SHIPPING

### PREPARE THE PACKAGE

1. **Ship Monday - Friday only.** You will be charged a pick-up fee if you call for a Saturday pick-up. Weekend or holiday collection: keep the specimen in the freezer until the following business day to ship.

2. **Complete all paperwork, including requisition form and patient survey.**

3. **Place items into the cardboard kit box in the following order:**

- Insulated cooler
- Plastic bag with frozen specimen tube, zipped closed
- Frozen ice pack
- Requisition form, patient survey, and payment (if applicable)

4. **Replace the lid of the cooler, and close the cardboard box. Place inside the Clinical Pak.** Write your name and address on the Billable Stamp and tear off the Customer Receipt for your records.

Place on FedEx Clinical Pak.

### SCHEDULE A PICK-UP (USA ONLY)

**Call FedEx toll-free at 1-800-463-3339 (1-800-GO FEDEX).** At the greeting, say "Schedule a Pick-up." When prompted, say "Schedule a Pick-up using a Label or Stamp." Reply "Yes" when asked if the word "Stamp" is written on the waybill. You will then be asked for your address information. **DO NOT USE A DROP BOX.**

In some cases, Doctor's Data provides prepaid shipping from certain countries outside the United States. If that policy pertains to this collection kit, then country specific shipping materials (including an Air Waybill and instructions) will be included in the kit contents. If there are not any shipping materials included or you choose to use a different courier or level of service than provided, you must make your own shipping arrangements at your own expense.

neurotransmitter analysis  
amino acid analysis  
URINE COLLECTION



## INSTRUCTIONS

Read all instructions before collecting specimens.

