# Comprehensive Urine Element Profile 24 hour Report



63 Zillicoa Street Asheville, NC 28801 © Genova Diagnostics

Patient: **SAMPLE PATIENT** 

Age: Sex: MRN:

	To	xic Elements	
Element Ro	Reference Range		
Lead	0.5		<= 1.5
Mercury	1.17		<= 2.17
Aluminum (	1.6		<= 25.2
Antimony	0.016		<= 0.144
Arsenic (	0		<= 49
Barium	0.1		<= 5.5
Bismuth	0.26		<= 0.70
Cadmium (	0.06		<= 0.63
Cesium	0.0		<= 10.1
Gadolinium		1.1	17 <= 0.019
Gallium		0.5	<= 0.031
Nickel (	0.61		<= 4.41
Niobium		0.112	<= 0.086
Platinum		0.106	<= 0.038
Rubidium (	0		<= 2,486
Thallium	0.181		<= 0.273
Thorium	0.	113	<= 0.108
Tin	1.06		<= 2.25
Tungsten	0.128		<= 0.264
Uranium		0.063	<= 0.027

Creatinine Concentration	

Urine Creatinine

136.00

38.00-200.00 mg/dL

	Nutrient Eleme	nts		
	Results in µg/24 ho			
Element	Reference Range	Reference Range		
Chromium		0.6-10.7		
Cobalt	3.00	0.01-3.56		
Copper	14.5	3.6-15.5		
Iron	9	5-76		
Lithium		160 8-89		
Manganese	1.66	0.03-1.83		
Molybdenum	142	14-218		
Selenium (	5	24-273		
Strontium (	1	46-389		
Vanadium	0.9	0.1-3.3		
Zinc	65	51-857		
	Results in mg/24 hou	rs		
Element	Reference Range	Reference Range		
Calcium	412	35-406		
Magnesium	108	45-275		
Potassium	2,912	686-4,568		
Sulfur	812	353-1,567		

# Creatinine Concentration

Urine Total Volume (in milliliters): 1,200

Length of Collection: 24.0

**Provocation Comment:** 

Information regarding provocation was not provided.

### WHEN READY TO SHIP, ENSURE THE FOLLOWING:

#### All tubes are:

Tia	htl	v c	losed	1

Marked with first and last name,	gender, collection	<b>date,</b> and <b>total</b> ι	ırine
volume in milliliters (ml)			

☐ Sealed in biohazard bag with absorbent pad

☐ All sections of **requisition form completed**.

☐ Payment included or completed online.

☐ All specimens placed back in original box.

## **SHIP THE SPECIMEN(S) TO THE LAB**

Please refer to the shipping instruction insert found in your sample collection pack.

#### VISIT YOUR PATIENT RESOURCE CENTER AT WWW.GDX.NET/PRC

- · Access test results
- Make payments
- Complete health surveys





Call 800.522.4762 or visit our website at www.gdx.net

# Comprehensive Urine Elements NUTRITIONAL

#### PATIENT URINE COLLECTION INSTRUCTIONS FOR THE FOLLOWING PROFILE(S)

**Comprehensive Urine Elements Profile\*** Urine #3527 **Toxic Element Clearance Profile\*** Urine #3529

#### **COLLECTION MATERIALS FOR SPECIMEN**



#### **ADDITIONAL MATERIALS**

- · Disposable vinyl glove
- · Test requisition form
- Biohazard bags with side pocket with absorbent pads (3)
- · Specimen collection pack

 FedEx® Clinical Lab Pak and Billable Stamp

If any items are missing or expired, or liquid is spilled, call Client Services at 800.522.4762 and press "1"

#### **IMPORTANT PREP BEFORE PATIENT TAKES TEST**

For full details and explanations refer to: www.gdx.net/tests/prep

- Female patients should not collect urine during a menstrual period.
- 2 Days before the test discontinue all of the following (unless instructed otherwise by your physician):
- » Supplements containing creatinine, vitamin C or any mineral elements measured on this test
- » Other substances that may influence urinary element excretion of elements
- » Seafood (unless asked to continue by your healthcare provider)
- » Continue with the above food restrictions until your sample is completely collected

\* Not available in New York

#### COLLECTION

- Completely fill out front and back of test requisition form.
   Failure to provide all information will result in delay of test processing.
- 2 Check your Requisition to determine if this is a "Random/ Timed" collection or a "24-Hour" collection.

Patient Information Section Required for all patients					Full SSR required for insurance billing and ordine access to your test woulds.				
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falling Address:									
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29% of each price (including addi- Remaining amount charged to one in 3 equal installments						ion, visit our r			Cade to the full

FOR 24-HOUR COLLECTION: Skip the first urination after arising on the first day of the test. Collect all subsequent urinations for the next 24 hours, including your first urination of the next day. Refrigerate jug through 24 hour collection period.

FOR RANDOM/TIMED COLLECTION: Collect all urinations for the period specified by your healthcare provider. Minimum volume of urine must be 120 ml or 4 oz. Refrigerate jug through collection period.

Using the cup, collect each urination and pour into the large jug. Do not rinse the cup with tap water or clean the cup with cloth or paper. Keep the lid on the cup between urinations. Recap jug.



5 Preparing the Sample

#### IF YOU ONLY USED ONE JUG:

**Set** the jug on a level surface and note the total volume using the milliliter marks on the jug. **Write** the amount of urine on the Requisition in the space labeled Total Urine Volume. After tightening the lid, **invert** the orange collection jug repeatedly for 30 seconds to mix contents.

#### IF YOU USED TWO JUGS:

**Put** on the disposable gloves and **mix** the urine together by pouring back and forth between the jugs. When thoroughly mixed, **note the volume of each jug using the milliliter marks on the jugs. Add** these amounts, then **write** the total amount of urine on the Requisition in the space labeled Total Urine Volume.



Select either jug for step #6.



- **Use the pipette** to transfer urine to fill both tubes. **Cap** the tubes securely. **Discard** the remaining urine, the large collection jug(s), gloves, and other kit components.
- Write patient's first and last name, gender, date of collection and total urine volume in milliliters (ml) on both tubes. Place the tubes in the Biohazard bag. Refrigerate until ready to ship.
- 8 Complete the Requisition form, including "Total Volume" and "Date of Collection".



