

# Urine Collection Instructions

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## **Clean Catch Midstream (CCMS)**

1. Verify the patient's legal first name, last name, and date of birth; compare with the requisition.
2. Label the sample in the presence of the patient with a minimum of their legal first name, last name, and date of birth. Record the collection time on the sample and/or on the requisition.
3. Supply the patient with a cleansing wipe/toilette, a gauze pad, and a sterile urine container.
4. Instruct the patient to:
  - a. Wash both hands with soap and dry them.
  - b. Open the urine container without touching the inside.
  - c. Cleanse and dry the urethral opening:

Female-- sit on the toilet and spread the genital lips with one hand, then use the wipe/toilette to clean the area from front to back, dry with the gauze pad.

Male-- withdraw the foreskin if uncircumcised and use the cleansing wipe/toilette to clean the area, dry with the gauze pad.
  - d. Begin urinating into the toilet (NOT into the urine container), then stop the stream.
  - e. Begin urinating into the urine container (this is called the midportion of the urination).
  - f. Remove the urine container once full, and finish urinating into the toilet.
  - g. Fasten the lid securely onto the container.

## **Infant Collection**

1. Verify the patient's legal first name, last name, and date of birth; compare with the requisition.
  2. Label the sample in the presence of the patient with a minimum of their legal first name, last name, and date of birth. Record the collection time on the sample and/or on the requisition.
  3. Obtain a sterile Pediatric Urine Collector (PUC) bag for infants.
  4. Remove the infant's diaper and ensure the skin is clean and dry.\*\*
  5. Remove the backing paper from around the opening of the PUC bag to reveal the adhesive.
  6. Place the bag accordingly:

Female-- Position the opening of the bag over the external genitalia; the excess portion of the bag should be toward the infant's feet.

Male-- Position the bag so the penis enters through the opening and rests inside at a natural angle: the excess portion of the bag should be toward the infant's feet.
  7. Press the adhesive securely against the skin (the diaper may be reapplied while waiting for the next urination).
  8. Remove the bag carefully once urination is done, then empty the contents into a sterile urine container for transport.
  9. Fasten the lid securely onto the container.
- \*\* Some may choose to take the PUC home and apply directly after bathing the infant. In these cases, a sterile urine container should be sent home with them (refer to step 8).

## **24-Hour Collection**

1. Prepare a 24-hour collection container with the proper preservative (if applicable).
2. Verify the patient's legal first name, last name, and date of birth; compare with the requisition.
3. Label the container in the presence of the patient with a minimum of their legal first name, last name, and date of birth; write down the preservative used (if added in step 1).
4. Send the patient home with the container and a copy of the "Patient Home Collection" instructions found in the Lab Catalog; this has a section on 24-hour urine collection.

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## **Catheter Collection**

- Specimens must be labeled in the presence of the patient with a minimum of their legal first name, last name, and date of birth; the collection time should be recorded on the sample and/or on the requisition.
- Specimens should only be collected by a Physician, by a Nurse, or by a properly trained patient (i.e., self-catheterization).
- Specimens should NOT be obtained and sent directly from the catheter bag.
- Specimens should NOT be sent if they have been stagnant in the catheter tubing for any length of time.

## **Suprapubic Aspiration\*\***

- Specimens must be labeled in the presence of the patient with a minimum of their legal first name, last name, and date of birth; the collection time should be recorded on the sample and/or on the requisition.
  - Specimens should only be collected by a Physician or by a Nurse.
  - Specimens should be obtained after at least 4 to 6 hours have elapsed since last void.
  - Specimens should be sent as a 10 to 15 mL sample in a sterile urine container.
- \*\* Syringes and/or needles should NOT be transported to the Laboratory.

## **Cystoscope Examination Collection**

- Specimens must be labeled in the presence of the patient with a minimum of their legal first name, last name, and date of birth; the collection time should be recorded on the sample and/or on the requisition.
- Specimens should be collected after the first part of urine has drained into a collection pan and been discarded.
- Specimens should be collected in a sterile urine container.

## **Notes**

- If a specimen will not be processed within 1 hour of collection, it should be poured off into the proper preservative/transport tube or must be stored at 2 to 8°C.
- If a specimen is left ambient/unrefrigerated for more than 24 hours, it will NOT be used.
- If a specimen is to be tested in Microbiology, it should arrive there within 24 hours of collection unless poured off into a proper preservative/transportation tube.
- If a specimen is to be used for GC/Chlamydia PCR testing, the collection instructions are different than those described above. Refer to the lab catalog for specifics.
- If a specimen is rejected, the Laboratory will contact the physician or designated representative, instruct them to recollect with proper technique, and enter a note in the patient's chart that includes: the reason for rejection; who was contacted; when they were contacted; by whom they were contacted.

## **Reminder**

- Test-specific information such as container requirements, approved collection methods, specimen stability, and rejection criteria can be found in the Lab Catalog.