



## 24 Hour Urine Collection Information Guidelines

### General Labelling Information:

To ensure accurate completion of timed urine tests, the lab must have all information included with each sample.

1. Start date and time
2. Stop date and time
3. Total volume

### Urine Random Collections:

The lab has urine random tests that are ordered in place of timed urine tests. Please complete the following steps to indicate a urine random test,

1. Type "random collection" in the Cerner order comments section
2. Write "RANDOM" on the collection tube or container

### Laboratory Guidelines:

Please ensure the following guidelines are met prior to the transport of **each urine sample** to the laboratory.

1. The following information must be documented in *Order Result Viewer* (under *Order Comment*). See figure

1.
  - Start date and time
  - Stop date and time
  - Total volume

Comments	
Order Comment	Order Note
Patient Name	Phy/Tm
MRN	Accession #
Started on 3/31/2022 @ 3:40 AM Ended on 4/01/2022 @ 3:40 AM TV: 1300 mL	

Figure 1: Properly inputted information for a urine sample

2. If Cerner access is unavailable, document the above information on the aliquot container that has been poured off from original time urine specimen. See Figure 2 for example of a correctly labelled aliquoted container
  - Include two patient identifiers (first name, last name, MRN, or DOB) and the test labels.

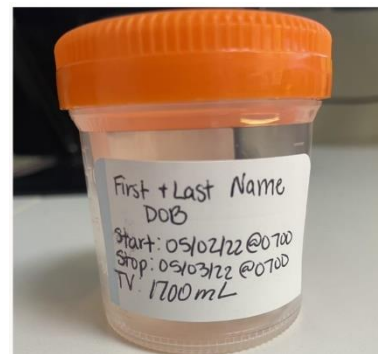


Figure 2



3. Record the start date and time, stop date and time and total volume on the 24-hour urine log sheet that is kept at the originating lab. See figure 3 for example of an a blank 24-hour urine log sheet.
  - This ensures all information has been documented in case collection information isn't included with the sample.
  - Log sheet should be stored in an easily accessible location

24 Hr Urine Log Sheet			
1. Mark 24Hr Container Urine Level With Black Sharpie			
2. Enter Information In Accession Order Comments			
3. Place Label On (Label Here)			
4. Fill Out Collection Information			
5. Place Fluid Sheet In Daily File Folder At End Of Shift			
Label Here	TV:	Label Here	TV:
	Start:		Start:
	Stop:		Stop:
Label Here	TV:	Label Here	TV:
	Start:		Start:
	Stop:		Stop:
Label Here	TV:	Label Here	TV:
	Start:		Start:
	Stop:		Stop:
Label Here	TV:	Label Here	TV:
	Start:		Start:
	Stop:		Stop:
Label Here	TV:	Label Here	TV:
	Start:		Start:
	Stop:		Stop:
Employee Name: _____			
Date: _____			

Figure 3

## Physician Guidelines:

If the sending facility is unable to aliquot the urine from the collection jugs, please ensure a 24-hour urine label is affixed to the urine jug with the following information.

1. Start date and time
2. Stop date and time
3. Total volume

If a label cannot be obtained, please legibly write the information directly onto the jug. Below are examples of how a jug could be labelled without a proper 24-hour urine label.

