

**PATIENT**

Birthname: \_\_\_\_\_

Surname: \_\_\_\_\_

Forname: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

CNS no: \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

00/+ \_\_\_\_\_

For use by the  
laboratory only

**URINE COLLECTION**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ h \_\_\_\_

Time of passage in tubes: \_\_\_\_ h \_\_\_\_

After local cleaning:  Yes  No

Collection method:

- 2<sup>nd</sup> part of stream     1<sup>st</sup> part of stream     Evacuation catheter     Indwelling catheter     Bag     Other

**CLINICAL INFORMATION**

Please check boxes as appropriate

- |   |  |
|---|--|
| <input type="checkbox"/> Pain or burning while urinating          | <input type="checkbox"/> No clinical signs   |
| <input type="checkbox"/> Frequent or uncontrolled need to urinate | <input type="checkbox"/> Check-up before surgical procedure urodynamic exploration |
| <input type="checkbox"/> Fever                                    | <input type="checkbox"/> Kidney transplant   |
| <input type="checkbox"/> In chemotherapy                          | <input type="checkbox"/> Recurrent pyelonephritis/cystitis                         |
| <input type="checkbox"/> Pregnancy                                |  |

Estimated due date: \_\_\_\_\_

Did you take antibiotics ?

Before collection

No     Yes If yes, which one ? \_\_\_\_\_

Last taken on : \_\_\_\_ / \_\_\_\_  
DD MM

After collection

No     Yes If yes, which one ? \_\_\_\_\_

# URINE COLLECTION

## RECOMMENDATIONS FOR URINE CULTURE



If possible, collect the first urine of the morning or 4 hours after you last urinated



Do not touch the integrated tip (inside of the lid)



**01.** Wash your hands and clean the area around your genitals **with the supplied wipe**



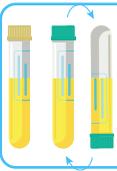
**02.** Urinate:  
**1<sup>st</sup> part in the toilet**  
**2<sup>nd</sup> part in the container**  
Close the container



**03.** Lift the white label on the lid and place the **beige** tube with the plug side into the orifice of the container and press down firmly



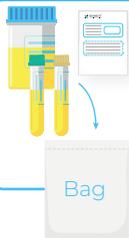
**04.** Repeat with the **khaki** tube. Replace the white label on the hole in the container lid



**05.** Turn the tubes over 8 to 10 times



**06.** **Write your name and forname, on the 2 tubes and the jar.** Complete the information on the back of this sheet



**07.** Insert the tubes, container and the sheet into the bag and seal it



**08.** Take the bag to one of our centres within the storage time indicated below

Finding a center

### URINE CONSERVATION



**IN TUBES**

+20°C  Max 24h



**IN CONTAINER**

+4°C  Max 12h or +20°C  Max 2h

Save time  
**pre-register**

