

URINE COLLECTION : STI TEST RECOMMENDATIONS

Birthname: _____

Surname: _____

Forename: _____

Date of birth: / /

CNS no:

E-mail: _____@ _____

00/+

For use by the
laboratory only

Sample collection

Date: / / 20

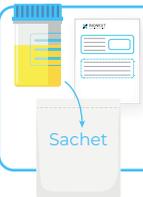
Time: :



01.
Wash your hands



02.
Urinate the **first part of the stream** in the cup



04.
Put the cup and form in the bag and seal it



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

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



03.
Write your surname and forename on the cup and complete the identification box of this form



Finding a centre

05.
Take the bag to one of our centres within the storage time indicated below

SAMPLE STORAGE

+20°C
Max 24 hours

+4°C
Max 48 hours



Save time,
pre-register