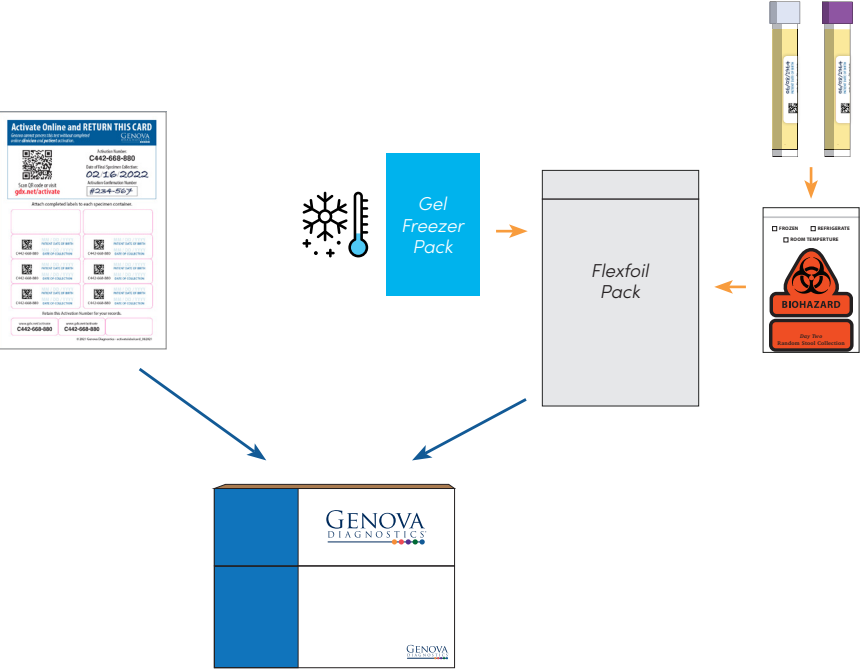


STEP 3

Return Collection Pack

- 1. Confirm that each tube has a **completed label attached** with **date of birth** and the **date of collection**. Place the refrigerated **biohazard bag** with tubes and the frozen **gel freezer pack** inside the **flexfoil pack**. Place the flexfoil pack inside the **cardboard box**.
- 2. Visit **gdx.net/activate** to enter the date of your final collection and the total urine volume collected, if you haven't already done so. When complete you will receive a **confirmation code**. Write the date of final collection and your confirmation code on the **activation label card** and place inside the box with the flexfoil pack.
- 3. Retain a copy of your activation number for future reference using one of the three labels provided on the bottom of the activation label card.
- 4. **Close the cardboard box** and place **inside the FedEx shipping bag**. Follow the shipping instructions provided.



Additional resources are available online.
Visit **gdx.net/activate** and enter your activation number.



Patient Guide



Intestinal Permeability
Assessment #2305

- Abnormal kidney function or use of diuretics may influence test results.
- Discuss any medications with your physician as they may impact results.

BEFORE YOU BEGIN

Activate This Test

Visit **gdx.net/activate** and enter the number found on the activation label card included with this collection pack.



STEP 1

Plan Your Collection

Use a calendar to plan your specimen collection. Ship Monday thru Friday and avoid US holidays which may cause delays.

Consult Your Doctor

An abnormally high urine glucose level will interfere with testing. Patients who have a diagnosis of glucosuria, uncontrolled diabetes, or who take medications that increase urine glucose (i.e., Invokana) should consult with their doctor before taking this test.

This test uses lactulose and mannitol. Testing is not recommended if you are on a galactose/lactose-restricted diet, or have had allergic reactions to lactulose or products containing sugar alcohols like mannitol, sorbitol, or xylitol. Lactulose should be used with caution in diabetics.

3 Days Before Collection

Unless directed otherwise by your physician, discontinue aspirin and other NSAIDs (i.e. ibuprofen), laxatives, antacids containing aluminum or magnesium hydroxide (i.e. Maalox liquid, Equate, Milk of Magnesia, Rolaids, Mylanta), as well as drugs that contain sorbitol and/or mannitol.

Continued on next page

STEP 1 (Continued from previous page)

Plan Your Collection

Night Before Collection

Do not eat or drink anything for at least eight hours before beginning the test.

Unless directed otherwise by your physician, discontinue nonessential supplements and medications until after the test is completed.

Freeze gel freezer pack (at least 4 hours before shipping).

Day of Collection

Do not eat or drink for two hours after consuming the Lactulose/Mannitol drink mix.

After the first two hours you may eat and drink but **must avoid foods and beverages that contain fructose (fruit sugar), lactose, mannitol, or other sugar alcohols**. Read ingredient labels and be sure to avoid: fruits, fruit juices, jams, jellies, soft drinks and foods sweetened with high-fructose corn syrup, agave syrup, all dairy products, dietetic chocolate, honey, mushrooms, beans and legumes (including peanuts), vegetables, chewing gum, reduced calorie sweeteners, candy, and cough drops.

STEP 2

Specimen Collection

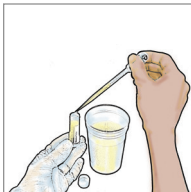
1. **Review** instructions and test prep information at **gdx.net/activate**.
2. Write your **date of birth** (DOB) and the **date of collection** on the labels provided. Attach a completed label to each of the **2 tubes**.

CAUTION: Tubes contain poisonous liquid. **KEEP OUT OF REACH OF CHILDREN.**

Collect First Morning Void

1. **Collect** your **first morning urination** in the provided cup. If you wake to urinate during the night, within 6 hours of when you typically wake for the day, collect your urine **in the cup**, refrigerate, then combine with your first morning urination collection.
2. **Stir**, then **transfer** urine from the cup to the **WHITE-TOP** tube using the pipette. Continue to add urine until the tube is nearly full.

Some tubes contain substances, use care when opening. Avoid Contact with skin and eyes. For eye contact, flush with water thoroughly for 15 minutes. For skin contact, wash thoroughly with soap and water. If ingested, contact a poison control center immediately.



3. **Recap** the tube tightly and **shake**.
4. **Return** tube to the biohazard bag and **refrigerate**. **Discard** the pipette and remaining urine. **Rinse** the collection cup with water and let air-dry.



Continue Urine Collection

1. **Open** the Lactulose/Mannitol drink mix. **Add water** until it reaches the fill line indicated on the bottle. Close the bottle and **shake vigorously** to mix.
2. Drink the entire Lactulose/Mannitol drink mix.
Note the **Start Time** _____.
Note the time 6 hours from the start time, this is the **End Time** _____.



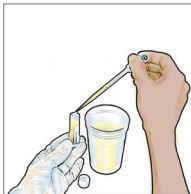
3. **Do not eat or drink** anything for the first 2 hours of the test. Two hours after the start time, **drink a cup of water**. Continue to drink at least 1 cup of water **every hour** until the test is complete.

*After the first 2 hours you may eat and drink but **must avoid** foods and beverages that contain fructose, lactose, mannitol, or other sugar alcohols.*

4. **Collect all urinations** that occur between the start time and end time (6 hours total). Use the small plastic cup to collect your urine and pour it into the large collection jug. Keep the jug **refrigerated**.
5. After the final urine collection, place the jug on a level surface and measure the **total volume of urine collected** using the milliliter marks on the jug.
6. Visit **gdx.net/activate** to enter the **total volume of urine collected**. The analysis cannot be completed without this information.
7. Tighten the lid then **invert the collection jug repeatedly for 30 seconds** to mix contents.



8. **Transfer** urine from the jug to the **PURPLE-TOP** tube using the pipette. Continue to add urine until the tube is nearly full.
9. **Recap** the **PURPLE-TOP** tube tightly and **shake**.
10. **Return** the tube and absorbent pad to the biohazard bag and **refrigerate** until ready to ship.
11. **Discard** the pipette, remaining urine, and collection jug.



Activate Online and RETURN THIS CARD

Genova cannot process this test without completed
online **clinician** and **patient** activation.

GENOVA
DIAGNOSTICS



Scan QR code or visit
gdx.net/activate

Activation Number:

C312-374-507

Date of Final Specimen Collection:

MM / DD / YYYY

Activation Confirmation Number

#000-000

Attach completed labels to each specimen container.



C312-374-507

MM / DD / YYYY
PATIENT DATE OF BIRTH
MM / DD / YYYY
DATE OF COLLECTION



C312-374-507

MM / DD / YYYY
PATIENT DATE OF BIRTH
MM / DD / YYYY
DATE OF COLLECTION



C312-374-507

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Retain this Activation Number for your records.

www.gdx.net/activate

C312-374-507

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