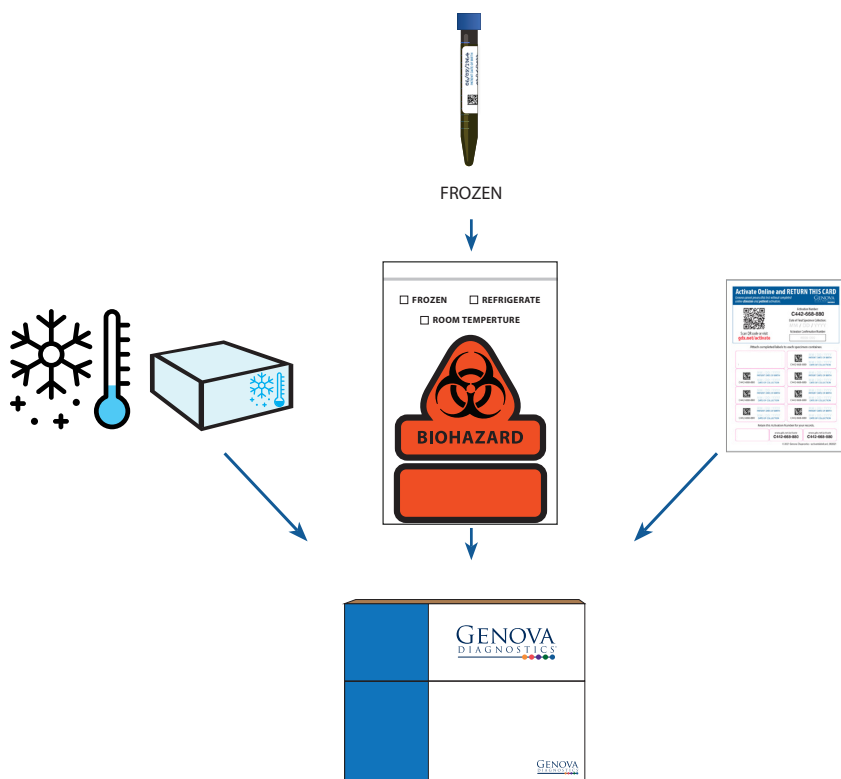


STEP 3

Return Collection Pack

1. Confirm that the tube has a **completed label attached** with **date of birth** and the **date of collection**. Place the **frozen freezer brick** and the biohazard bag with **frozen tube** inside the **foam insulator**. Replace the foam lid.
2. Visit **gdx.net/activate** to enter the date of your final collection and receive your **confirmation code**. Write the date of collection and your confirmation code on the **activation label card**.
3. **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 requisition number.

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Patient Guide



Organic Acids

#3340



Abnormal kidney function or use of diuretics may influence test results.



Do not collect if there is blood in urine, including menstrual or other blood.



Valproic acid, acetaminophen and berberine HCl are direct assay interferants for certain analytes.

BEFORE YOU BEGIN

Activate This Test

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



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.

4 Days before Collection

Check with your clinician whether it is necessary to discontinue medications/supplements.

Some clinicians choose to discontinue non-essential nutritional supplements to get a 'baseline' reading.

Some clinicians choose to continue nutritional supplementation to assess the efficacy of their treatments.

24-Hours Before Collection

Freeze freezer brick at least 8 hours.

Eat usual diet but avoid over-eating any single food or consuming an extreme diet.

Consume no more than six 8-ounce glasses of fluid over the 24 hours before collection.

Night Before Collection

Fast overnight. Water is okay.

STEP 2

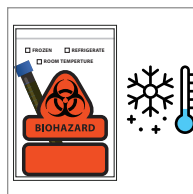
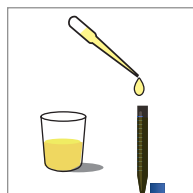
Specimen Collection

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 the blue-top amber tube.



Collect Urine

1. If you **wake up during the night, within 6 hours** of your morning urination, **collect that urine** into the cup and **refrigerate** it. Upon waking in the **morning, collect your urine into the same cup**.
2. Use the **pipette to transfer urine** from the cup into the blue-top amber tube until nearly full.
3. Recap the tube tightly and **shake**.
4. Place the **tube into the biohazard bag and freeze** for a minimum of **2 hours**.



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

www.gdx.net/activate

C312-374-507

www.gdx.net/activate

C312-374-507