Dear Litholink Patient:

Welcome to your Litholink Kidney Stone Prevention Program. Your doctor has chosen Litholink because our laboratory offers the highest quality kidney stone prevention services available.

**Please note:** you will be required to **repeat** your collection if these instructions are not followed:

- Your collection must be at least 22 hours long, but no longer than 26 hours.
- You must collect all of your urine during the collection.
- Your sample is extremely time sensitive; when you finish your collection you must ship your urine sample same day or next business day.
- Do not refrigerate your urine. Use the urine preservative at the start of your collection.
- Do not let stool contaminate the collection container.
- You may only take Vitamin C up to 100mg daily. Anything over 100mg must be stopped five days prior to starting your collection, unless otherwise instructed by your physician.

If you have questions about your collection process, call us at 800 338 4333 and select option 3. You may also visit our website at www.litholink.com and send any email inquiries to info@litholink.com.

Sincerely,
Litholink Patient Care Team

**Verify that you have received all necessary collection materials. Keep the Patient Sample Shipping Box; it will be used for returning your samples.**

- 1 collection container per specimen
- 1 green-topped 50 ml tube per specimen
- 1 tube of liquid urine preservative per specimen
- 1 biohazard bag with absorbent paper

- 1 Collection Aid Included for females
- Forms
  - Collection Data Form
  - Insurance Information Form
- 1 pre-paid FedEx mailing form
- 1 Litholink Patient Sample Shipping Box
Collection Instructions

Do not record any information on this sheet, please use the Collection Data form.

1. When you wake up in the morning, flush your first urine in the toilet. This is the START TIME.
2. Record this time on the Collection Data Form where it says START TIME.
3. Open the tube of urine preservative and empty it into the collection container.

4. Drop the urine preservative tube and lid into the collection container. This ensures every drop of the preservative gets into the container.
5. Collect all of your urine into the container over the next 24 hours, including the very first urine the following morning and any urine collected during the night. This is the STOP TIME. For women who may have trouble urinating directly into the collection container, place the collection aid over the toilet and then pour the urine into the collection container.
6. Record the STOP TIME on the Collection Data Form where it says STOP TIME. Record the date you finished the collection on the Collection Data Form where it says "DATE COLLECTION ENDED".
7. Place the collection container on a flat surface and use the measuring tool along the side of the container to read how much fluid is inside the container. This is the TOTAL VOLUME.
Collection Instructions (continued)

8. Collection 1
   START TIME:
   STOP TIME:
   DATE COLLECTION ENDED:
   TOTAL VOLUME:

Record this TOTAL VOLUME on the Collection Data form where it says "TOTAL VOLUME".

9. Shake the collection container.

10. Fill the green-topped tube marked Collection 1 about 3/4 full with the urine sample.
    If you have been instructed to do two 24-hour collections, fill the second green-topped tube marked Collection 2 about 3/4 full from the second collection container.

11. Twist top tightly to seal.

12. Flush the remaining urine and discard collection container.

13. Collection 2
   START TIME:

If you have been instructed to complete two 24-hour collections, continue with the instructions for Collection 2, otherwise skip to the shipping instructions.

1. The START TIME of the second collection is the same as the STOP TIME of the first collection.
   Record the START TIME of the second sample on the Collection Data Form.

2. Repeat steps from Collection 1 starting at number 3.
**Blood Draw Instructions**

*If Serum is not checked off on your Test Request Form, please go to the shipping instructions below.*

1a) Find your local Patient Service Center at www.labcorp.com or by calling 1-888-Labcorp (1-888-522-2677) for your blood draw or call Litholink at 1-800-338-4333.

1b) Follow your physician’s instructions on where to go for your blood draw.

2) Do not eat or drink **8 hours** before having your blood drawn (**water is OK**).

3) Bring all materials to the blood draw location. They will mail the blood and urine samples out together. (Instructions for the nurse can be found on the orange sticker inside the box).

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**Shipping Instructions**

1) Place the green-topped tube(s) in the biohazard bag with the absorbent paper and seal the bag.

2) Enclose the following into your Litholink Patient Sample Shipping Box:
   1) Sealed biohazard bag
   2) Completed Collection Data and Insurance Information Forms
   3) Test Request Form/Order – if given to you by the doctor

3) Complete the return address portion on the right-hand side of the FedEx form.

4) Peel the backing off the back of the FedEx form and stick the form to the top of the box.

5) Remove the adhesive strip under the front flap of the Litholink Patient Sample Shipping Box and seal.

6) Call 1-800-GO FEDEX (1-800-463-3339) and press "0", then say "ship a package" to schedule a pickup.
Collection Data Form

All information must be filled out completely on both sides of the form and returned with your sample(s).

**Patient Information**

LAST NAME: 
FIRST NAME: 
Mi: 
DATE OF BIRTH: 
PARENT/GUARDIAN NAME: 
PATIENT'S LAST 4 DIGITS OF SS NUMBER: 
GENDER: (CIRCLE ONE) 
MALE 
FEMALE 
HEIGHT: 
FT 
IN. OR CM 
WEIGHT: 
LBS OR KG 
ADDRESS: 
CITY: 
STATE: 
ZIP CODE: 
PRIMARY PHONE NUMBER: ( ) 
PRESCRIBING PHYSICIAN'S LAST NAME: 
FIRST NAME: 
PRESCRIBING PHYSICIAN'S OFFICE PHONE: ( )

**Collection 1**

START TIME: 
AM 
STOP TIME: 
AM 
DATE COLLECTION ENDED: / / 
TOTAL VOLUME:* 
ML 

**Collection 2 (if necessary)**

COLLECTION 2 START TIME MUST MATCH COLLECTION 1 STOP TIME

START TIME: 
AM 
STOP TIME: 
AM 
DATE COLLECTION ENDED: / / 
TOTAL VOLUME:* 
ML 

*TOTAL VOLUME EQUALS AMOUNT OF URINE IN ORANGE JUG.

**Important Reminders**

- Did you collect for a full 24-hour period? (Your urine must be collected for at least 22 hours but no more than 26 hours – per collection) □ Yes □ No If NO, call Litholink at 800 338 4333

- I will ship my samples today or next business day. Call FEDEX at 1 800 GO FEDEX and press "0", then say "ship a package" to schedule your pickup

- If you've been given a Test Request Form/Order, include it with your Collection Data/Insurance form in the Patient Sample Shipping Box

- Allow at least 7 business days between the date you completed your collection and your scheduled doctor's appointment
Insurance Information Form

All information must be filled out completely on both sides of the form and returned with your sample(s).

Patient Information (Please send a photocopy of your insurance card.)

LAST NAME:                   FIRST NAME:                   DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

Primary Insurance Information

INSURANCE PLAN NAME:                    PHONE NUMBER: (    )

POLICY, SUBSCRIBER OR MEMBERSHIP NUMBER:

GROUP NUMBER OR PLAN CODE NUMBER:

INSURANCE COMPANY ADDRESS FOR CLAIM SUBMISSION:

CITY:                   STATE:                   ZIP CODE:

Complete this section only if you are covered by insurance under someone else's policy.

INSURED LAST NAME:                   FIRST NAME:                   M:    

INSURED DATE OF BIRTH:                   SOCIAL SECURITY NUMBER:

YOUR RELATIONSHIP TO THE PRIMARY INSURED: (CIRCLE ONE)   SELF   SPOUSE   CHILD   OTHER

Secondary Insurance Information (Complete this section only if you have additional insurance.)

INSURED LAST NAME:                   FIRST NAME:                   M:    

INSURED DATE OF BIRTH:                   SOCIAL SECURITY NUMBER:

YOUR RELATIONSHIP TO THE SECONDARY INSURED: (CIRCLE ONE)   SELF   SPOUSE   CHILD   OTHER

INSURANCE PLAN NAME:                    PHONE NUMBER: (    )

POLICY, SUBSCRIBER OR MEMBERSHIP NUMBER:

GROUP NUMBER OR PLAN CODE NUMBER:

INSURANCE COMPANY ADDRESS FOR CLAIM SUBMISSION:

CITY:                   STATE:                   ZIP CODE:

Insurance Billing and Privacy Information

I authorize Litholink to bill my insurance company for the laboratory services ordered by my physician. I have completed the insurance information form for that purpose. Litholink will bill you for your coinsurance and/or deductible. If payment is a hardship please advise. Call us with any questions about billing or insurance at 800 338 4333. We have provided you with a notice of “Litholink’s Privacy Practices” in the kit materials regarding the use by us of your personal health information. This notice includes your right to request and obtain your personal health information and to restrict the use of such information. I acknowledge receipt of the notice of “Litholink’s Privacy Practices.”

PATIENT/PARENT/LEGAL GUARDIAN SIGNATURE:

PRINT NAME:                   DATE: