

Urine Collection Instructions

PLEASE READ INSTRUCTIONS THOROUGHLY BEFORE COLLECTING THE SAMPLE!

Things to know before collecting your sample:



- Ship **MONDAY, TUESDAY, or WEDNESDAY ONLY** to ensure that samples arrive by Friday – no one is available to accept samples that arrive over the weekend.
- Samples can be collected any day of the week and stored in the refrigerator for up to two weeks.
- **Do not freeze samples.**
- Icepacks must be frozen the night before shipping.
- Do not collect first urine of the day.
- Proper provocation is required.

Urine Kit Contents:

- 1 Sterile Urine Collection Cup
- Clear Biohazard Bag with Absorbent Materials
- Icepacks
- Insulated Foil Pouch
- Parafilm
- UN3373 Labeled Urine Collection Box
- UPS Laboratory Pak UN3373 Category B
- UPS 2Day Return Shipping Label
- Instruction Packet with Intake Paperwork

Please contact us at any time if you are unclear regarding the instructions. Please contact your doctor if you have questions regarding medication usage.

Collection Instructions

1. Fill out the Intake Paperwork **COMPLETELY**. (Located on the backside of this instruction page.)
2. Write your name on the cup and the biohazard bag with permanent ink.
3. **Provocation** is necessary to assist in preventing false negatives. Unless an alternate form of provocation is advised by a Lyme literate physician, DNA Connexions recommends doing one of the following:
 - **30 minutes of semi-vigorous, full-body exercise.** This should be something different from your usual, daily workout. (e.g.: swimming, biking, yoga, weights, trampolining.) Please consult your doctor for advice on what workout is suitable for you.
 - **One-hour lymphatic massage OR deep tissue massage.**
 - **30 minutes of InfraRed sauna therapy.**
4. Immediately following provocation, **void (empty) your bladder. Do NOT collect the sample at this time.**
5. **Wait one hour.** During this time, you may drink normal amounts of water and eat.
6. After the wait time has passed, **urinate directly into the sterile urine collection cup. A minimum of 30mL is required.**
7. **Close cup tightly.** The lid will click when it is completely closed.
8. **Place cup in the refrigerator** until you are ready to ship.

Packaging and Shipping Instructions

1. **Freeze icepacks the night before** to ensure they will remain frozen during the return shipment.
2. **Fill out the shipping label** with your name, phone number, and email address. This helps us contact you if the sample or paperwork is damaged or missing.
3. **Stretch one piece of parafilm around the base of the lid. Repeat with the second piece.** The parafilm is located inside of the pocket on the side of the biohazard bag. You will need to peel the plastic parafilm from the paper backing before use. Parafilm is used to deter spillage during transport.
4. **Place the cup inside of the biohazard bag.** Try to remove as much empty airspace as possible when sealing the bag. Disregard the white sheets inside of the biohazard bag, these are absorbent materials in case of a leak.
5. **Put the biohazard bag inside of the insulated foil pouch.**
6. **Place the frozen icepacks inside the foil pouch** on opposite sides of the sample to keep it cold and **seal the foil pouch.**
7. **Put the foil pouch and completed Urine Specimen Intake Protocol (paperwork) inside of the UN3373 box.** This is the same box the kit came in.
8. **Review the checklist on the outside of the box and ensure the paperwork is placed inside of the box. Then attach the shipping label onto the UPS Lab Pak, place the box inside of the UPS Lab Pak, and seal.**
9. Go to UPS.com to find a drop off location near you.

DNA CONNEXIONS

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Urine Specimen Intake Protocol

Samples will not be tested unless this form is included, COMPLETE, and payment is received in FULL.

Provider Name: _____

Address: _____

Provider Phone Number: _____ Provider Email: _____

Patient Name: _____

Collection Date: _____

Date of Birth: _____

Contact Email: _____

Contact Phone Number: _____

Billing Address: _____

City: _____ State: _____

Zip Code: _____

Credit Card Number: _____

Exp. Date: _____ CVV Code: _____

Comments:

Lyme Panel \$500 Total: \$ _____

Rush Fee \$150* Total: \$ _____

Deposit Paid (if applicable) -\$25 Invoice #: _____

Order Total: \$ _____

*Invoice number is required to receive credit for deposit.
Be aware the Rush Fee* is optional for additional fee.*

Barcode

(For Office Use Only)

Cardholder Signature

****Standard reporting generally takes 2-3 weeks depending on the number of samples received. Rush fee results are typically available within 5-7 business days from the received date. Results are sent via encrypted email the same day they are reported. Hard copies may be requested in writing to info@dnaconnexions.com. Medical providers may request CPT coding by emailing info@dnaconnexions.com. Individuals must obtain any coding needed through their provider's office.***

DNA Connexions Disclaimer

Upon submission of sample(s) to DNA Connexions, I acknowledge that DNA Connexions cannot provide a diagnosis for disease and/or subsequent treatment. These results are from DNA PCR testing and indicate the presence of targeted foreign DNA. This information alone should not be used to diagnose or treat a health problem or disease. All reported results are intended for a consultation with a qualified health care provider for interpretation, diagnosis and treatment.

For Office Use Only:

Lyme Disease Questionnaire

DNA Connexions continually strives to serve our clients with the most accurate and easy to understand results. We invite you to fill out a brief questionnaire to help us better understand your experience with Lyme Disease and Lyme Disease testing.

If you have any previous test/laboratory results available, DNA Connexions would appreciate if you include them with this questionnaire. Your privacy matters to us. None of the information provided will be used for any purpose other than inhouse research.

1. Have you previously been tested for Lyme Disease?

- Yes
- No/Unsure

2. If yes, were the results:

- Positive
 - Negative
 - Inconclusive or Indeterminate
 - Unsure
 - Negative Western Blot with positive band(s)
 - Which band(s) were positive?
- _____
- _____

3. Have you received treatment for Lyme Disease, such as antibiotic therapies, since your last test for Lyme Disease and/or before testing with DNA Connexions?

- Yes
 - If yes, describe your treatment:

- No/Unsure

4. Please provide any Lyme-related test dates, testing laboratory and results next to each test type you have received.

- Western Blot Date: _____ Laboratory: _____ Result: _____
- CD-57 Date: _____ Laboratory: _____ Result: _____
- ELISA Date: _____ Laboratory: _____ Result: _____
- IFA Date: _____ Laboratory: _____ Result: _____
- EIA Date: _____ Laboratory: _____ Result: _____
- PCR Date: _____ Laboratory: _____ Result: _____
- Culture Date: _____ Laboratory: _____ Result: _____
- Other: _____
Date: _____ Laboratory: _____ Result: _____

5. Have you ever been diagnosed with any of the following?

- Chronic Fatigue Syndrome
- Fibromyalgia
- Nonspecific autoimmune disorder
- Specific autoimmune disorder(s)
- Name of disorder(s)?

- No/Unsure

6. Have you ever had a blood transfusion and/or received an organ, tissue, or bone marrow transplant?

- Yes
 - When? _____
 - Description: _____

- No/Unsure

Please contact DNA Connexions at (888) 843-5832 or info@DNAConnexions.com with any questions.



7. Have you ever experienced a tick bite followed by an erythema migrans (bull's-eye rash), an undefined rash and/or flulike symptoms?

- Yes
- When? _____
 - Description: _____

- No/Unsure

9. Have you ever lived or spent time in a Lyme-endemic area?

- Yes
- Where? _____

 - Year and/or duration: _____

- No/Unsure

8. Have you experienced a tick bite with no rash or flulike symptoms?

- Yes
- When? _____
 - Description: _____

- No/Unsure

10. Have any of your family members ever been diagnosed with Lyme Disease and/or other vector-borne infections?

- Yes
- Relationship: _____

 - Description: _____

- No/Unsure

11. Is there anything else you would like us to know about your experience with Lyme Disease and/or Lyme Disease testing?

Voluntary Research Participation: You are invited to participate in ongoing research studies conducted by DNA Connexions to further examine the connection between specimens and microbial flora, develop new research tests, and to statistically analyze the results of our tests at the population level. Your participation will involve consenting to allow DNA Connexions to utilize any remaining sample after your contracted testing is complete. You will not be contacted if your results are utilized for potential future research studies. Your participation in this research is voluntary. No discount or compensation will be offered by DNA Connexions for your participation.

Confidentiality: All personal identifiers will be removed from your sample if you consent to research participation. No personal information will be used by employees or released to any other organization or persons for any reason.

By signing my name below, I confirm the following: I have read (or had read to me) this document and any questions have been answered to my satisfaction. I agree to let DNA Connexions utilize and share my anonymous health information for ongoing research studies. I voluntarily agree to participate in possible, future research studies. At any time, I can request that DNA Connexions discard all my remaining sample, if it is still identifiable as mine.

Print Full Name

Date of Birth

Signature

Date



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