

LFMC URINE SPECIMENS

SPECIMENS MUST BE COLLECTED IN THE DESIGNATED SCREW TOP SAMPLE BOTTLES, MUST BE LABELLED WITH YOUR NAME & DOB AND MUST BE IN A SEALED, CLEAN BAG

IF YOU SUSPECT YOUR CHILD HAS A URINE INFECTION YOU MUST SPEAK TO A GP

First Name		Surname			
DoB	Age	Contact Tel Number			
Who is your GP?					
May we contact you via email? Y / N (If yes please provide an email address)					
If we prescribe an antibiotic for you, where would you like to collect your prescription from? Name of pharmacy:					
Why are you providing this specimen? (Please tick below.)					
GP/nurse request	<input type="checkbox"/>	Diabetes/Hypertension review	<input type="checkbox"/>	I think I have a urine infection	<input type="checkbox"/>

Type of specimen: (Please tick below)

Early Morning Sample	<input type="checkbox"/>	Catheter Sample	<input type="checkbox"/>
Mid-Stream Sample (This is when you don't collect the first or the last part of the stream –SEE OVERLEAF)		<input type="checkbox"/>	

Questions: (please circle)

Do you have a urinary catheter?	Yes / No	Are you pregnant or breastfeeding?	Yes / No
Have you had antibiotics for a urine infection on 2 or more occasions in the past 6 months or 3 or more occasions in the past 12 months?			Yes / No
Are you currently taking any antibiotics? (If yes please specify which)			Yes / No
Do you have any allergies to any medications? (If yes please specify which)			Yes / No

Symptoms: (please tick)

Do you have pain when passing urine?	<input type="checkbox"/>	Are you passing urine overnight more than usual?	<input type="checkbox"/>	Does your urine look cloudy?	<input type="checkbox"/>
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Do you have... (please tick)

IF YOU HAVE ANY OF THE BELOW SYMPTOMS PLEASE ARRANGE TO SPEAK TO A GP

Fever or rigors (shaking)	<input type="checkbox"/>	New abdominal or back pain	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>
Visible blood in your urine (not on your period)		<input type="checkbox"/>	Abnormal or smelly vaginal discharge		<input type="checkbox"/>

Practice use only

Dipped? Y / N Result	<input type="checkbox"/>	Sent to Lab?	<input type="checkbox"/>
Checked by:	<input type="checkbox"/>	Date:	<input type="checkbox"/>
Please pass form to duty doctor/requesting GP/ANP as appropriate			

LONG FURLONG MEDICAL CENTRE

How should I collect and store a urine sample?

Home containers must not be used to collect your specimen and bottles must be labelled with your name and date of birth.

Types of urine samples.

- **First morning specimen.** This is the specimen of choice for analysis, since the urine is generally more concentrated (due to the length of time the urine is allowed to remain in the bladder). The first morning specimen is collected when you first wake up in the morning, having emptied the bladder before going to sleep.
- **Midstream Specimen.** This is the preferred type of specimen for assessment of urine infection because of the reduced incidence of contamination. A midstream sample means that you don't collect the first part of urine that comes out or the last part. This reduces the risk of the sample being contaminated with bacteria from both your hands and the skin around the urethra (tube that carries urine out of the body).

To collect a clean urine sample.

1. Label the container with your name, date of birth and the date the sample was collected.
2. Wash your hands
3. Men should wash their penis
4. Women should wash their genitals, including between the labia (lips around the entrance to the vagina)
5. Start to urinate but don't collect the first part of urine that comes out
6. Collect a sample of urine "mid-stream" (see above) in a sterile screw-top container
7. Screw the lid of the container shut
8. Wash your hands thoroughly

Storing a urine sample until you hand it in.

If you can't hand your urine sample in within an hour, you should keep it in the fridge at around 4C for no longer than 24 hours. Put the container of urine in a sealed plastic bag first. If the urine sample isn't kept in a fridge, the bacteria can multiply which may affect the test results.