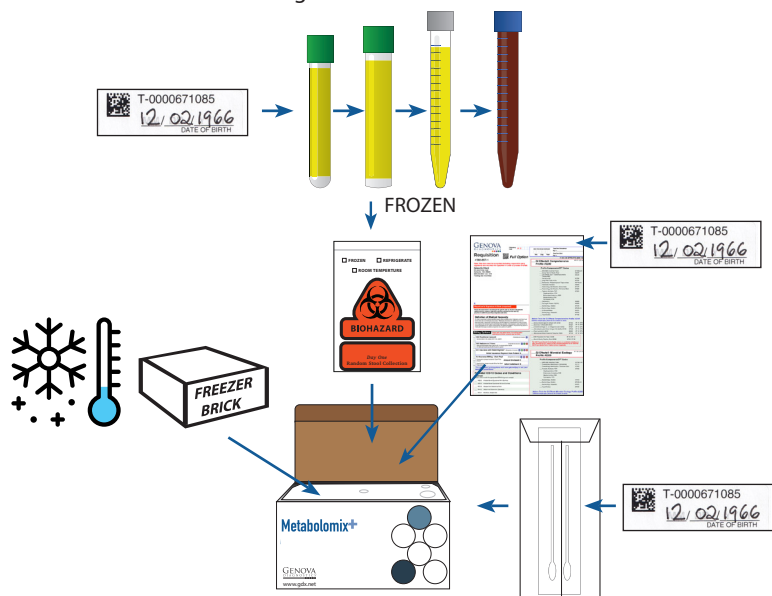


FINAL PREP AND SHIPPING

1. Place biohazard bag with frozen urine tubes, frozen freezer brick, and absorbent material in foam insulator box inside the outer collection box.
2. If also collecting the cheek swab samples, include the envelope with the swabs. If also collecting the blood spot card, be sure to place bloodspot card into the plastic bag with the desiccant pack inside the outer collection box.

RETURN CHECKLIST

- All Tubes with peel and stick labels with patient's date of birth
- FROZEN GREEN-TOP URINE TUBE
- FROZEN GREEN-TOP PRESERVATIVE TUBE
- FROZEN BLUE-TOP AMBER TUBE
- FROZEN CLEAR CONICAL TUBE TUBE
- ENVELOPE WITH SWABS INSIDE
- TEST REQUISITION
- All frozen urines inside biohazard bag with absorbent pads
- All materials including frozen freezer brick inside Genova box



SHIP THE SPECIMEN(S) TO THE LAB

Specimen(s) must be returned in the Genova Diagnostics box.

Please refer to the shipping instruction insert found in your collection box.

GENOVA
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Metabolomix+ Patient Collection Instructions

BAG TWO

Used for Metabolomix+ #3200, Add-on Toxic Clearance Profile #3203,
Add-on Comprehensive Urine Elements #3204, Add-on SNPs #5201-5204

Test prep, FAQs, and the collection video can be found at
www.gdx.net/metaprep or scan the QR code.

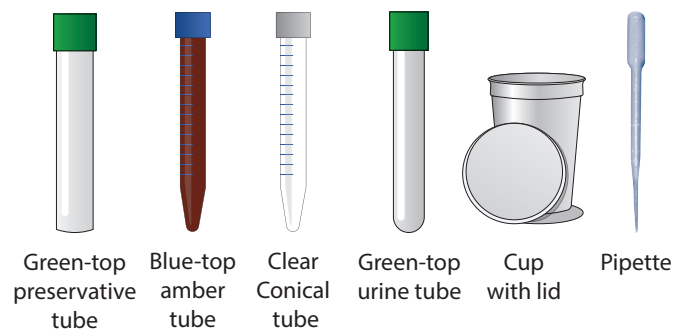


Shipping Notice:

Finish collection and ship **Monday through Friday**.
US holidays can affect shipping times.

COLLECTION MATERIALS - KEEP OUTER BOX FOR SHIPPING TO LAB

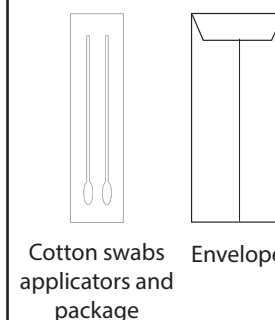
AT-HOME URINE COLLECTION



- ALCOHOL PREP PADS (2)
- ADHESIVE BANDAGE
- ABSORBENT PAD
- RESEALABLE PLASTIC BAG WITH DESICCANT/MOISTURE ABSORBENT PACK

- FOAM INSULATOR BOX
- FREEZER BRICK
- BIOHAZARD BAGS WITH ABSORBENT MATERIAL
- RUBBER BAND
- TEST REQUISITION FORM

AT-HOME SWAB COLLECTION



- PEEL AND STICK LABELS
- VIAL SLEEVE
- FEDEX® ENVELOPE
- BILLABLE STAMP

TEST REQUISITION FORM - RETURN WITH SHIPPING BOX

Complete all sections using the paper form included or online at www.gdx.net/mygdx for clinicians or www.gdx.net/prc for patients



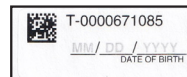
Watch the How-to Video at
www.gdx.net/mygdx or www.gdx.net/prc

Both methods require the **paper form to be returned with the pack.**

PEEL AND STICK COLLECTION LABELS

Fill out all the peel and stick labels with **ONLY** your date of birth (DOB) (mm/dd/yyyy) and apply to all the tubes, the swab envelope, and the requisition. There may be extra labels left over.




Do not write on the tubes.







VERY IMPORTANT

 <p>Abnormal kidney function or use of diuretics may influence test results</p>	 <p>Do not collect if there is blood in urine, including menstrual or other blood</p>	 <p>Medications Check with your clinician whether it is necessary to discontinue medications/supplements.</p>
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VERY IMPORTANT 4 DAYS BEFORE THE TEST

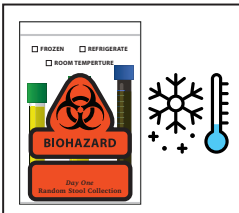
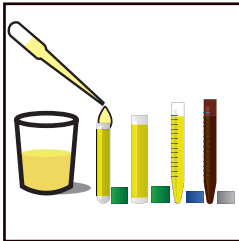
 <p>Valproic acid, acetaminophen and berberine HCl are direct assay interferants for certain analyses.</p>	 <p>Some clinicians choose to discontinue non-essential nutritional supplements to get a “baseline” reading</p>	 <p>Some clinicians choose to continue nutritional supplementation to assess the efficacy of treatments</p>
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THE DAY BEFORE THE URINE COLLECTION




 <p>Eat usual diet avoid over-eating any single food or extreme diet</p>	 <p>Limit to (6) 8-ounce glasses of fluid over 24 hours before collection</p>	 <p>Freeze the freezer brick overnight</p>	 <p>Fast overnight prior to urine collection - water is okay</p>
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URINE COLLECTION

- 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 **green-top preservative tube, blue-top amber tube, clear conical tube, and green-top urine tube** until all are nearly full.
***Avoid** contact with the 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 poison control center immediately.*
- 3. Recap** the tubes tightly and **shake**.
- 4. Place** a peel and stick label on all the tubes and the test requisition.
Make sure your date of birth (mm/dd/yyyy) is filled out.
- 5. Place** the tubes into the biohazard bag labeled **BAG ONE** and **freeze** for a minimum of 2 hours.



CHEEK SWAB COLLECTION

THE NIGHT BEFORE	THE MORNING OF COLLECTION
 <p>Use your normal nightly routine of brushing and flossing of teeth, but do not use mouthwash</p>	<div data-bbox="1402 100 1690 516">  <p>Just prior to collection, wash hands thoroughly with soap</p> </div> <div data-bbox="1690 100 2053 516">  <p>Cheek swab must be collected immediately upon rising. Do not practice normal oral hygiene routine. Do not eat or drink anything other than water.</p> </div>

CHEEK SWAB COLLECTION- COMPLETE ONLY IF ORDERED BY CLINICIAN

- 1. Keeping the packet intact, peel** open the package labeled, “Sterile Cotton Tipped Applicator.”
Only peel back the package far enough to remove the cotton swab applicator.
- 2. Remove** one cotton swab applicator.
Do not touch the cotton tip.
- 3. Open** your mouth widely and insert cotton tip of the swab applicator. For at least 30 seconds, **aggressively scrape** the inside of your cheek using a back and forth, and up and down motion. **Rotate** the applicator several times, and **swab** between the cheek and gums. **Avoid** excessive saliva.
- 4. REPEAT 2 - 3 WITH SECOND SWAB**
- 5. Allow** swab applicators to air dry for 15-20 minutes, then **replace** them (swab first) into the swab applicator package.
- 6. Place** a peel and stick label on the envelope.
Make sure your date of birth (mm/dd/yyyy) is filled out.
- 7. Insert** swab applicator package into the envelope and seal.

