

 <p>central peninsula hospital 250 Hospital Place Soldotna, AK 99669</p>	POLICY TITLE: Urine Collection for Urinalysis	DEPARTMENT: Laboratory CATEGORY: Laboratory Services SECTION: Urinalysis
	POLICY NUMBER: LAB.708.010	EFFECTIVE DATE: JANUARY 2025 Original Date of Policy: 8/09
	AUTHORIZED BY: Laboratory Medical Director	Revised: 6/15, 4/17, 8/18, 9/20, 1/21 Reviewed: 10/10, 11/11, 10/12, 10/13, 9/20, 1/21, 10/21, 11/22, 2/24, 1/25

APPLIES TO All personnel submitting urine specimens to CPH laboratory.

RESPONSIBILITY All persons responsible for collection of urine for urinalysis.

DEFINITIONS None

POLICY CPH standards for urine collection for quality urinalysis results.

PRINCIPLE Quality urinalysis requires urine collected using standardized techniques designed to minimize contamination. The most common urine specimens used for routine urinalysis are clean catch voided midstream specimens, and urine collected via catheters, aspirates, or pediatric collection bags. These are preferred over a “dirty” voided specimen because bacteria and artifact contaminants from outside the bladder are reduced.

- MATERIALS**
- BD Vacutainer® urine collection kit or acceptable alternate
 - BD Vacutainer urine collection cup
 - Pre-moistened towelette
 - BD Vacutainer urine preservative tubes (optional)
 - Alternate collection container: Sterile tube (catheter kit), sterile syringe, Pedi-bag, sterile collection cup, Blue-capped Falcon conical tube, or other sterile, leak-proof container.
 - Patient Instructions for Clean Catch Urine (Attachment I)

Urinalysis Specimen	Stability/Storage
Fresh unpreserved urine; suprapubic, ureter or renal aspirates collected in sterile collection container (no preservative)	2 hrs: Ambient* 24 hrs: 2-8 °C Do not freeze
BD Vacutainer® Urinalysis Preservative Conical Urine Tube (yellow/red top)**	72 hrs: Ambient 72 hrs: 2-8 °C Do not freeze

*If testing will be delayed >2 hours preserve specimen by refrigeration at 2-8°C or in a urine preservative tube (*preferred*).

**BD Urine Vacutainer®: If possible, minimum fill lines should be met for optimum results. Urine that will not meet the minimum fill volume requirements may be submitted in an alternate sterile collection container.

a) BD Urine Vacutainer® Kit fill order:

- 1) Gray BD Urine Culture Vacutainer®. (Min 4-mL.)
- 2) Tiger-top BD UA Vacutainer®. (Min 8-mL.)

LABELING Refer to CPGH.700.080 “Laboratory Specimens” for labeling requirements and instructions.

HIGH RISK COLLECTIONS

COLLECTION PROCEDURES

Refer to LAB.700.490 Attachment I – “Handling of Irretrievable Specimens Flowchart” for details on high risk specimen handling.

Clean Catch Midstream Specimen

1. Instruct the patient how to perform a midstream Clean Catch Urine Collection using the collection kit and “*Patient Instructions for Clean Catch Urine*” info sheet (Attachment I). These instructions shall also be posted in all outpatient laboratory bathrooms where patient urine collections take place.
2. Provide the patient with a take-home collection kit and hard-copy instructions if collecting outside the laboratory.

Straight Catheter

1. Collect per nursing protocol.
2. Mark sample as a straight catheter collection.

Foley Catheter

1. Collect per nursing protocol.
2. Mark specimen as a Foley/Indwelling catheter collection.

Pedi Bag (High Risk Collection)

1. Cleanse the urethral area with the castile soap pad from the BD vacuum tube urinalysis kit, or another appropriate sterilizing cleanser. Rinse the skin with a water-damp sterile pad, and dry thoroughly with a sterile pad.
2. Apply the Pedi-bag to the skin around the urethra in such a way that it will catch the urine during urination.
3. Open a sterile specimen cup or conical Falcon tube. Carefully remove the Pedi-bag from the patient, and straighten the Pedi-bag with your fingers. *Pour the urine from the Pedi-bag into the sterile cup or Falcon tube. DO NOT SUBMIT THE PEDI BAG FOR TESTING.*
4. If there is insufficient urine to fill BD Vacutainers to the minimum fill lines, pour the entire urine into a sterile transport tube or cup. Close lid **TIGHTLY**. A sterile syringe with a black transport cap is acceptable, but not preferred.
5. Mark sample as a Pedi-bag collection.

Syringe/Aspirate (High Risk Collection)

1. Syringes of urine may be acceptable in *certain* circumstances. Remove any sharps, and cap syringes appropriately for transport.
2. Mark sample with the collection method and specific source (i.e. left nephrostomy, right ureter, etc.)
3. **HAND-DELIVER SYRINGES TO THE LABORATORY. NEVER TRANSPORT SYRINGES THROUGH THE PNEUMATIC TUBE SYSTEM.**

ATTACHMENTS

Attachment I – Patient Instructions for Clean Catch Urine

REVISION RESPONSIBILITY:

Urinalysis Supervisor or designee

REFERENCES:

Ross, Doris and Ann Neeley; “Textbook of Urinalysis and Body Fluids”, Chapter 4

Strasinger, Susan King; “Urinalysis and Body Fluids”, pg.4-9

BD Vacutainer® product insert for the urine collection products,4/2014