



Westman Regional Laboratory

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***Patient
Instructions
for
Collection
of Urine for
Culture and
Sensitivity***

References:

- Clinical Microbiology Procedure
Handbook Vol. 1. H. D. Isenberg Editor.
2204

INTRODUCTION

Your physician has requested that you collect urine for testing as part of your care. The information your doctor gets from these samples is only as accurate as the collection procedure. It is important that you collect the urine as outline below.

PRECAUTIONS

- Read the instructions carefully and follow each of the steps to ensure you collect the correct specimen for the test.
- Write the collection date and time on the collection containers, test request form and this instruction sheet.
- Specimens must be returned to Westman Lab Outpatient Centre within 24 hours from collection. Test request form and this brochure must accompany the specimens.

COLLECTION

1. Wash your hands thoroughly with soap and water.
2. Remove the lids from the specimen containers provided (orange top and a white top containers). Place the lids open side up and containers on the sink beside you.
3. Do not touch the inside of the lids or containers.
4. **Women:** Keep the legs apart and hold the skin folds (labia) apart while voiding. Keep your labia separated for the rest of the procedure.

Men: Retract the foreskin, if uncircumcised, while voiding.
5. After voiding for 3-5 seconds, collect the midstream urine into the **orange lid container** without stopping the flow of urine.
6. Only fill the container $\frac{3}{4}$ full. Do not overflow.
7. Pour urine into the Boric Acid container (white lid), until $\frac{2}{3}$ full.
8. Place the lids on both containers of urine, without touching the inside of either lid or container.
9. Tighten the lids on each container. Wipe the sides of the containers with paper towel.

10. Wash your hands. Place the collected specimens back into the biohazard bag provided.

11. Return both containers of urine to the Westman Lab Outpatient Centre within 24 hours of collection.

SPECIMEN COLLECTION TIMES

Collection:

Date: _____ (dd/mm/yyyy)

Time: _____ (00:00)

Lab Use Only

Transfer patient information from requisitions:

Patient Name: _____

PHIN: _____

DOB (dd/mm/yy): _____

Facility: _____

Physician: _____

Tests requested: _____