

# Patient Guide



NutrEval® FMV #3000\*

Not Available in New York



Do not collect if there is blood in urine, including menstrual or other blood.



Abnormal kidney function or use of diuretics may influence test results.

## BEFORE YOU BEGIN

# Activate This Test

Visit [gdx.net/activate](https://gdx.net/activate) and enter the number found on the activation label card included with this collection pack.



## STEP 1

# Plan Your Collection

Use a calendar to plan your specimen collection. Ship Monday thru Friday and avoid US holidays which may cause delays.

### 4 Days before Collection

Consult your healthcare provider about stopping medications and supplements.

### 24 Hours Before Collection

Eat usual diet but avoid over-eating any single food or consuming an extreme diet.

Consume no more than six 8-ounce glasses of fluid over the 24 hours before collection.

### Night Before Collection

Fast overnight. Water is okay.

Freeze freezer brick at least 8 hours.

Use your normal nightly routine of brushing and flossing of teeth, but do not use mouthwash.

### Morning of Collection

If collecting cheek swab - do not eat, brush or floss your teeth, use mouthwash, chew gum or use any tobacco, or coffee products. You may drink ONLY water before specimen collection.

Collect urine and cheek swab (if ordered) immediately upon waking.

## STEP 2

# Specimen Collection

1. **Review** instructions and test prep information at [gdx.net/activate](http://gdx.net/activate).
2. Write your **date of birth** (DOB) and the **date of collection** on the labels provided. Attach a completed label to each of the **three urine tubes**. Attach a completed label to the **paper swab envelope** if your healthcare provider has ordered the swab collection.

## Collect Urine

1. **Collect** your **first morning urination** in a clean container (a large plastic cup works well). If you wake to urinate during the night, within 6 hours of when you typically wake for the day, collect your urine **in the container**, refrigerate, then combine with your first morning urination collection.
2. **Stir**, then **transfer** urine from the cup to **each of the three tubes** using the pipette. Continue to add urine until each tube is nearly full.  
*Avoid Contact with 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 a poison control center immediately.*
3. **Recap** the tubes tightly and **shake**.
4. **Return** the tubes and absorbent pad to the biohazard bag and **freeze** for a minimum of 2 hours. The **freezer brick** must be frozen at least 8 hours.

Activate Online and RETURN THIS CARD

Activate Online at [gdx.net/activate](http://gdx.net/activate)

Activation Number: **C442-688-880**

Date of Birth (mm/dd/yyyy):

Date of Collection (mm/dd/yyyy):

Specimen ID:

Activate/Confirm Test Order

Attach completed labels to each specimen container.

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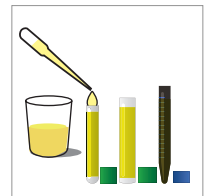
Return This Activation Number for your records.

Activation Number: **C442-688-880**

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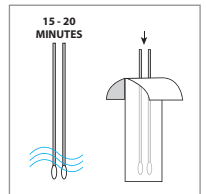
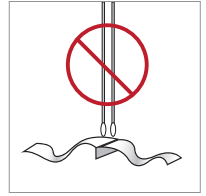
Activation Number: **C442-688-880**

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## Collect Cheek Swabs (if ordered)

1. **Peel** open the **cotton tipped applicator package** just enough to remove the cotton swabs. Leave the package intact so that the swabs can be reinserted after collection.
2. **Remove** one cotton swab applicator. **Do not touch** the cotton tip.
3. **Open** your mouth and **aggressively scrape** the inside of your cheek with the cotton swab using a back and forth, and up and down motion for at least **30 seconds**. **Rotate** the applicator several times, and swab between the cheek and gums. **Avoid excessive saliva**.
4. **Repeat steps 2 and 3 with the second swab**.
5. Allow swab applicators to **air dry** for 15-20 minutes. **Return** them, swab first, to the applicator package. **Seal** package inside the paper envelope.



### STEP 3

## Add to Collection Pack

1. Confirm that each tube has a **completed label attached** with **date of birth** and the **date of collection**. Place the **frozen freezer brick** and the biohazard bag with **frozen tubes** inside the **foam insulator**. Replace the foam lid.
2. If ordered, confirm the **cheek swab envelope** is sealed shut and has a **completed label attached**. Then place behind the foam insulator inside the cardboard box.
3. Retain a copy of the **activation number** for future reference **using one of the three labels provided on the bottom of the activation label card**.
4. Visit **gdx.net/activate** to enter the date of your final collection and receive your **confirmation code**. Write the date of collection and your confirmation code on the **activation label card**. Place the **activation card inside** the box.
5. Bring the **cardboard box** and the **FedEx shipping materials** with you to your blood draw appointment.

