



Wake Forest University Baptist  
**MEDICAL CENTER**<sup>®</sup>  
Urology

(336) 716-4131

PATIENT TWO-DAY 24-HOUR URINE COLLECTION

**READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE YOU START YOUR COLLECTION. IT IS VERY IMPORTANT TO YOUR TEST RESULTS THAT YOUR COLLECTION TIME IS EXACTLY 24 HOURS.**

NAME: \_\_\_\_\_ DATE URINE COLLECTION STARTED \_\_\_\_\_

On the morning you start your collection, your first urine of the day when arising before breakfast, **should not be collected**; just record time below the time that you passed that first urine. This time sets your clock for the beginning of the first day's collection and also the time you should void to complete each 24 - hour collection. Be sure to collect urine voided with bowel movements. One container is provided for each 24 - hour collection period. Do not discard the white tablets in the container. The tablets are preservatives.

**DAY 1**

**A. TIME OF EARLY MORNING VOID (the urine you did not save): \_\_\_\_\_ A.M.**

If you woke and voided at 6 A.M. on the second day and your time in item A above was 7 A.M., you must void again at 7 A.M. and add both of these urine samples to the first day's urine already collected to complete the first 24 - hour collection. Record that time below.

**B. THE TIME COMPLETED DAY 1 \_\_\_\_\_ A.M.**

The second day will start with the time you recorded in item B. All urines collected during the second day will be put in the second container and your collection will be completed by emptying your bladder 24 hours later and adding the urine to the second container. Record the time below.

**C. THE TIME COMPLETED DAY 2 \_\_\_\_\_ A.M.**

THE ONLY URINE TO BE DISCARDED THROUGHOUT THE 2 DAYS IS THE EARLY MORNING URINE OF THE FIRST DAY; ALL THE REST SHOULD BE SAVED INCLUDING THE URINE PRODUCED AT THE TIME OF BOWEL MOVEMENTS.

KEEP URINE COLLECTION IN REFRIGERATOR OR IN COOLER WITH ICE.

**PLEASE CALL 336-716-4131 THE DAY BEFORE BRINGING THE URINE TO THE UROLOGY CLINIC. BE SURE TO CALL FRIDAY IF YOU PLAN TO BRING ON MONDAY.**

**On the day you bring your urine the NURSE will let you know if you need to have BLOOD drawn.**

**You must bring this instruction sheet when you bring your urine.**

**\*\*\*\*\*YOUR BILLING STATEMENT WILL SHOW 2 SERVICE DATES, ONE FOR EACH 24 HOUR COLLECTION\*\*\*\*\***

THANK YOU FOR YOUR HELP WITH THESE INCONVENIENT PROCEDURES!