

URINE COLLECTION

Items Included in Your Collection Kit

- 1 – Kit Box
- 1 – Test Request Form
- 1 – Urine Specimen Cup
- 1 – Zip Closure Specimen Bag
- 1 – Absorbent Pad
- 1 – FedEx Shipper Bag

If you are missing any of the needed components or have questions about the collection, please call Designs for Health Customer service at (860) 623-6314 or email spotlightsupport@designsforhealth.com.

SHIPPING INSTRUCTIONS: Call FedEx at 1-800-463-3339 to Schedule Your Free Pickup

1. When the automated greeting begins say, “Schedule a pickup.”
2. When asked if your label has the word “Stamp” on it, say, “Yes.”
3. Your tracking number can be found on the Return Label.

The results of this test will only be provided to the health-care practitioner who recommended the test.

This is not a diagnostic test. It does not diagnose, identify, or confirm the presence or absence of any disease, condition, or illness.

This test was designed and manufactured by Diagnostic Solutions Laboratory, LLC for Designs for Health, Inc.

Diagnostic Solutions Laboratory, LLC will provide all processing services for this test.



designs for health

Metabolomics Spotlight™

Functional Organic Acids and
Metabolomics Assessment

URINE COLLECTION INSTRUCTIONS

FOLLOW INSTRUCTIONS CAREFULLY
IMPROPER COLLECTION MAY INVALIDATE RESULTS

NOTE: Please review all instructions and collection kit components before starting your sample collection. **DO NOT** discontinue taking prescription medications unless directed by your physician.

Avoid consuming fruits, jams, and jellies for 48 hours prior to collecting your sample.

1

A. Prior to bedtime, empty your bladder and discard. **DO NOT** collect this urine specimen.

B. The sample you will collect is a first morning urine. **Ensure it has been at least six (6) hours since you emptied your bladder.**



2

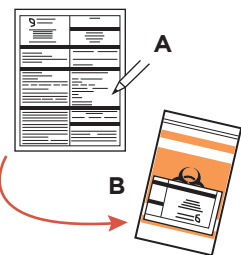
Write name, date of birth, and date of collection on the specimen cup label with permanent marker pen.



3

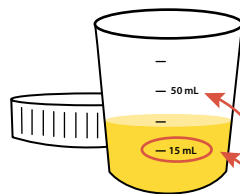
A. Complete all sections of the Test Request Form, including date of collection.

B. Place completed Test Request Form into the document holder on the specimen bag.



4

Upon waking in the morning, remove the top of the specimen cup and set it aside safely for reuse, then urinate directly into the cup.



DO NOT fill the cup more than 50 mL.

ENSURE there is at least 15 mL of urine.

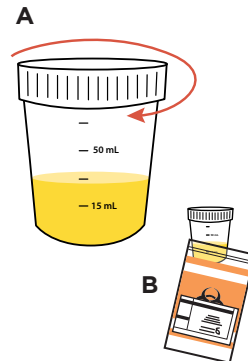
5

A. Be sure the top is properly and fully closed. Wipe any drops off the outside of the cup.

The top is fully closed when TWO CLICKS are heard while closing the sample. If two clicks are not heard, open and re-close the sample until heard.*

B. Place sample into zip closure specimen bag and seal carefully.

*The sample must be fully closed and sealed. Samples that have leaked in the specimen bag will be rejected upon arrival at the laboratory.



6

Place zip closure specimen bag with all contents into the freezer.

Allow urine to freeze for a minimum of 2 hours prior to shipping.



7

ON DAY OF SHIPPING:

A Place the frozen specimen bag (including the urine sample, and completed Test Request Form) inside the Kit Box.

B Place the Kit Box in the supplied FedEx Shipper Bag and ship to Diagnostic Solutions Laboratory for testing. Make note of your tracking number.*

*If you cannot ship the specimen on the day of collection, keep the collected urine sample in the freezer until you are able to ship.

See shipping instructions on page 1.

