

**18697 Bagley Road, Middleburg Heights, OH 44130**

**LABORATORY SERVICES**

**GUIDELINES FOR COLLECTION OF MIDSTREAM URINE SPECIMENS**

**Please note:** If there will be a delay in transport of the urine to the drop off site, please refrigerate the specimen immediately. Refrigerated urine specimens must be received within 24 hours of collection. Unrefrigerated urine specimens must be received within 1 hours of collection.

**\*ALL SPECIMEN CONTAINERS MUST BE LABELED WITH THE PATIENT’S FIRST & LAST NAME, DATE OF BIRTH, DATE AND TIME OF COLLECTION.\***

1. **Female** – Clean Catch
	1. Wash hands.
	2. Remove cap of urine specimen cup, placing cap on sink counter with outside of lid facing down. **DO NOT TOUCH INSIDE OF CUP OR THE CAP.**
	3. Clean urinary opening and surrounding area from front to back using a towelette provided, repeat with a second towelette. **ALWAYS FRONT TO BACK.**
	4. Start to urinate (allowing some urine to go into toilet) and then place cup under stream of urine filling cup about ½ way.
	5. Screw lid on specimen cup (remember do not touch inside of cup or cap).
	6. Wash your hands.
2. **Male** – Clean Catch
	1. Wash hands.
	2. Remove cap of urine specimen cup, placing cap on sink counter with outside of lid facing down. **DO NOT TOUCH INSIDE OF CUP OR THE CAP.**
	3. Using towelette provided, clean urinary meatus in one circular motion from urethral opening working away from it. Repeat using a second towelette.
	4. Start to urinate (allowing some urine to go into toilet) and then place cup under stream of urine filling cup about ½ way.
	5. Screw lid on specimen cup (remember do not touch inside of cup or cap).
	6. Wash your hands.

**Location phone numbers:** Please call site for hours of operation

* **Outpatient Center:** (440) 816-8808
* **Timeshare Suite:** (440) 816-6791
* **Strongsville Medical Center:** (440) 816-4976
* **Brunswick Medical Center:** (330) 558-0360
* **Middleburg Medical Center:** (440) 816-2458
* **Olmsted Falls:** (440) 816**-**5410

**\*ALL SPECIMENS REQUIRE REGISTRATION AT TIME OF DROP-OFF WITH INSURANCE CARD AND PHOTO ID\***