

Patient: **SAMPLE**  
**PATIENT**

DOB:

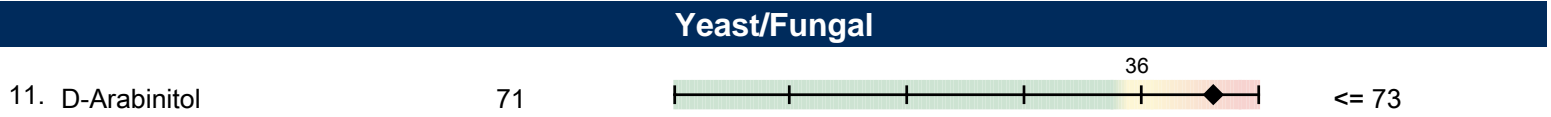
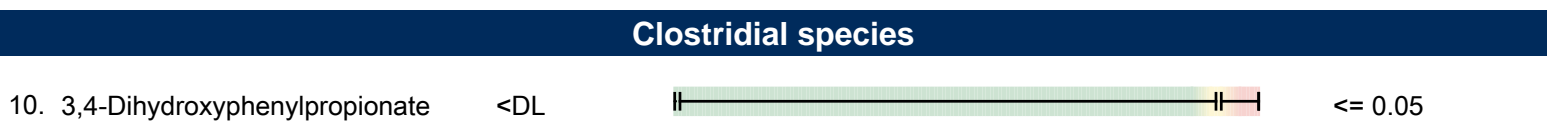
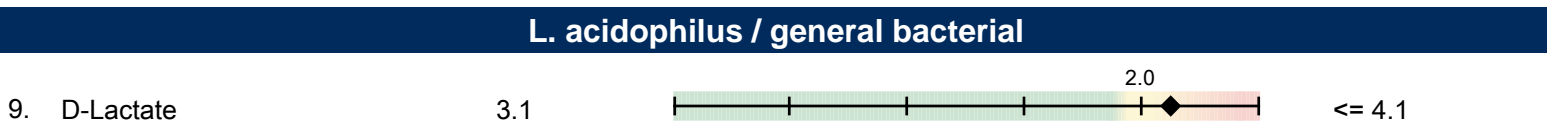
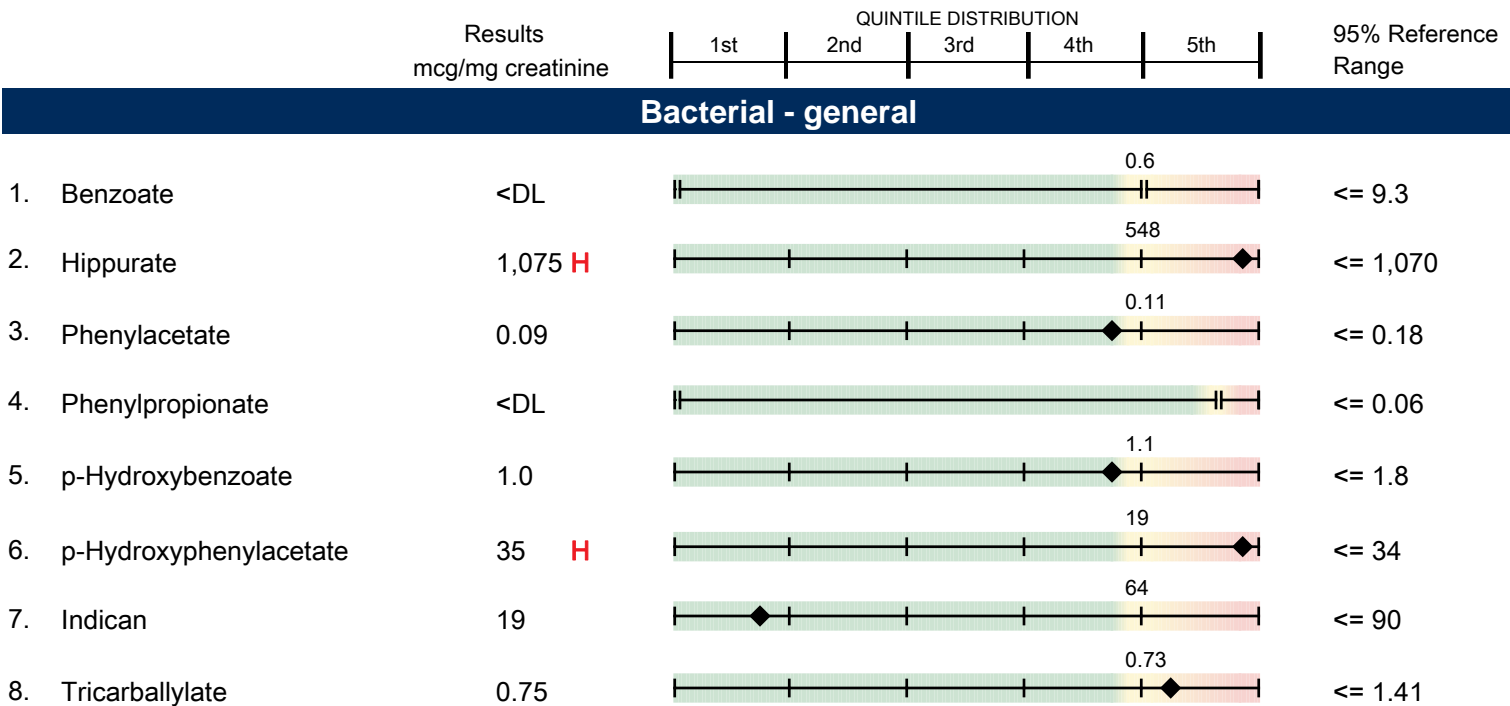
Sex:

MRN:

**0097 Organix® Dysbiosis Profile - Urine**

Methodology: LC/Tandem Mass Spectrometry, Colorimetric

Ranges: Ages 13 and over.



Creatinine = 175 mg/dL

<DL = less than detection limit

>UL = greater than upper linearity limit

**0097 Organix® Dysbiosis Profile - Urine**

**Commentary**

This test has been developed and its performance characteristics determined by Genova Diagnostics, Inc. It has not been cleared by the U.S. Food and Drug Administration.

# Organix™ (Organic Acids) Profile

## Specimen Collection Instructions

This specimen collection kit can be used for the following test(s):

0091 Organix<sup>SM</sup> Comprehensive - Urine

0291 Organix<sup>SM</sup> Basic - Urine

0097 Organix<sup>SM</sup> Dysbiosis - Urine

0087 DNA/Oxidative Stress Marker (8-OHdG) - Urine

0088 Neopterin/Biopterin Profile - Urine

0391 Organix Comprehensive NY - Urine

0397 Organix Compounds of Microbial Origin NY - Urine

3291 Organix Basic NY - Urine

### IMPORTANT:

All patient specimens require two unique identifiers  
(*patient's name and date of birth*), as well as *date of collection*.

**Patient's first and last name, date of birth, gender, and date of collection** must be recorded on the **Test Requisition Form** as well as all tube(s) and/or vial(s), using a permanent marker, or the test may not be processed.

## Specimen

Overnight Urine, 12 ml, frozen

### Collection Materials

- Clean collection container  
(NOT included in this kit)
- Clear-cap plastic vial  
with thymol preservative
- Disposable pipette

### Shipping Materials

- Absorbent pad
- Ice pack
- Test Requisition Form
- Personal Health Assessment Form
- Biohazard bag with side pocket
- Specimen collection kit box
- FedEx® Clinical Lab Pak and Billable Stamp



Call 800.522.4762 or visit our website at [www.gdx.net](http://www.gdx.net)

*Please read all instructions carefully before beginning.*

## Patient Preparation

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- It is best to **ship your specimen within 24 hours of collection**. Please refer to the enclosed shipping instructions **before** you collect to determine what days you can ship your specimen.
- **It is not necessary** to discontinue nutritional supplements prior to this specimen collection. Abnormalities that may be found will reveal special needs that have not been met by recent dietary and supplemental intake.
- **Decrease** fluid intake to avoid excessive dilution of the urine
  - » For adults, **restrict** intake to three 8 oz. glasses or less for 24 hours
  - » **Make sure that no more than 8 oz.** of this is consumed after 8:00 PM the evening prior to urine collection
- **Do not collect** urine during menstruation
- Vial contains preservative - **Do Not Rinse**

## Urine Collection

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1. **Write** patient's **first and last name, date of birth, gender** and **date of collection** on the Test Requisition Form (located in the pouch on top of the Specimen Collection Kit Box), as well as on the clear-cap plastic vial, using a permanent marker.
  - **IMPORTANT:** To ensure accurate test results you must provide the requested information.
2. **Empty** bladder before going to bed at night. **Do not collect** this urine.
3. **Collect** urine (if any) during the night and first morning urine into a clean container.
4. **Pipette** urine, using a fresh disposable pipette, into the clear-cap plastic vial to the 12 ml mark (**DO NOT OVERFILL**). **Screw** the cap on tightly.
5. **Dispose** of remaining urine.
6. **Freeze** the clear-cap plastic vial and ice pack.

## Specimen Preparation

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1. **Place** the frozen urine specimen, frozen ice pack, and absorbent pad into the biohazard bag.
2. **Staple** payment to the bottom right-hand corner of the completed Test Requisition Form and complete the Personal Health Assessment Form; **Fold** and **place** them in the side pocket of the biohazard bag.
3. **Seal** the biohazard bag, **place** it into the specimen collection kit box, and **close** the box.

## Checklist (Prior to Shipping)

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### 1. Vial

- Patient's first and last name, date of birth, gender, and date of collection are written on the vial
- Vial cap is screwed on tightly

### 2. Frozen

- Clear-cap plastic vial (urine)
- Ice pack

### 3. Test Requisition Form with Payment

- Test Requisition Form is complete
- Personal Health Assessment Form is complete
- Payment is included