



URINSIGHT™ PLUS

Collection, Handling, and Transport Procedure Guide

PURPOSE

The purpose of this document is to detail the Sagis Diagnostics procedure of collection, handling, transportation, and rejection of urine specimens for UTI tests.

EQUIPMENT AND MATERIALS

- C&S 120 mL sterile specimen collection cup to collect urine specimen
- C&S Preservative Tube 4 mL
- Castile Soap Towelettes

PROCEDURE FOR COLLECTING THE SWAB

MALE

1. Cleanse the end of the penis with the first soap towelette beginning at the urethral opening and working away from it (the foreskin of an uncircumcised male must first be retracted). Repeat using the second clean towelette.
2. Collect **40-60 mL of mid-stream urine in the cup for the UTI test.**
3. Do not touch the inside or lip of the cup with the hands or any other part of the body. Void the remainder of the urine into the toilet.
4. Replace the cap on the cup, touching only the outside surfaces of the cap and cup. Screw the lid on tightly.

FEMALE

1. Stand in a squatting position over the toilet. Separate the folds of skin around the urinary opening. Cleanse the area around the opening with the first towelette. Repeat using the second towelette.
2. Collect **40-60 mL of mid-stream urine in the cup for the UTI test.**
3. Do not touch the inside or tip of the cup with the hands or any other part of the body. Void the remainder of the urine into the toilet.
4. Replace the cap on the cup touching only the outside surfaces of the cap and cup. Screw the lid on tightly.

CATHETER URINE COLLECTION

For Patients with Indwelling Catheters

Note: Do not send urine from a catheter bag for testing.

1. Clean the catheter port with alcohol and then collect the urine sample from the catheter port using a needle and syringe. Alternatively, a Vacutainer tube without anticoagulant can be used by attaching a Vacutainer holder and needle.

2. A straight catheter (in and out) may be used by a physician or trained healthcare worker to collect urine directly from the bladder.
 - This procedure must follow an aseptic technique to minimize the risk of introducing microorganisms into the bladder.
 - The first 15 to 30 mL of urine should be discarded, and then the next flow of urine should be collected.

OTHER TYPES OF URINE COLLECTION

ILEAL CONDUIT COLLECTION

1. Remove the external device.
2. Clean the stoma first with 70% alcohol, then apply iodine.
3. Afterwards, clean the stoma again using alcohol to remove the iodine.
4. Insert a double catheter into the cleaned stoma, ensuring it reaches beyond the fascial level, and then collect the urine sample.

SUPRAPUBIC ASPIRATE

1. A sterile needle is inserted directly into the bladder, and urine is aspirated through a bladder tap. This procedure is performed only by a physician.
 - Additionally, it is the only sample type acceptable for anaerobic bacterial testing.

TRANSFER TO VACUTAINER PRESERVATIVE URINE TUBE

1. Place the cup upright on a clean, flat surface. If the specimen volume is limited, the container may be tipped at an angle. Transfer 4 mL of urine into the BD Vacutainer® C&S Preservative Urine Tubes.
2. Peel off the label on the cap to expose the integrated transfer device.
3. Place the evacuated tube into the cavity on the cap, stopper down. Advance the tube over the puncture point to the pierce stopper. BD Vacutainer® C&S Preservative Urine Tubes should be filled first when collecting multiple tubes. Hold the tube in position until filled. Remove the tube and mix the tube 8-10 times by inversion.
4. Replace the label over the integrated transfer device cavity and reseal. When replacing the label, use caution to avoid contact with the needle.
5. **Send or ship immediately to a testing laboratory at 2-8°C or on ice pack.** The lyophilized urine maintenance formula can maintain the bacterial population in the urine specimen for a period of up to 72 hours at room temperature at levels comparable to those urine specimens without additive, held under refrigeration for the same period of time.

NOTE: If a delay in shipment cannot be prevented, store the urine tube at 2-8°C or on an ice pack. Do not leave the urine tube at room temperature for more than 72 hours.

SPECIMEN VIABILITY

The specimen in the vacutainer C&S Preservative urine tubes is viable at room temperature for up to 72 hours and at 2-8°C for up to 96 hours.

DISCLAIMER

This test has not been cleared or approved by the FDA. The performance characteristics have been established by Sagis Diagnostics laboratory.