

INSTRUCTIONS FOR SAMPLE COLLECTION

Thank you for collecting a child urine sample for BIS.

The sample should be <u>'fresh'</u>, ie taken <u>within 24 hours of collection</u> to the BIS team. Please include the ice pack when transporting the sample to the BIS team.

Provided in this pack: disposable gloves, urine specimen jar, biohazard bag and ice pack (for preparation).

Instructions for preparing the ice pack

- 1. Put the ice pack (Envirofreeze ice replacement sachet) into a bowl or container.
- 2. Pour ½ cup cold water onto it and soak the icepack till it fluffs up to approx. 2-3 cms in height.
- 3. Freeze it until you need it. Make sure that the soft side of the ice pack is protected in the freezer so it doesn't stick or tear.
- 4. Place frozen ice pack in the sealed specimen bags keep the samples cold when transporting to the BIS offices.

CLEAN CATCH procedure over toilet:

- 1. Immediately before collecting the sample, wash your hands thoroughly, then put on the disposable gloves.
- 2. Get your child to sit as far back on the toilet as possible
- 3. Hold the open specimen jar.
- 4. Ask the child to urinate a small amount into the toilet. Do not collect any of this first urine.
- 5. Ask the child to continue to urinate after a few seconds, collect some midstream urine into the open specimen jar.
- 6. Once you have enough urine in the jar (minimum requirement is 10ml), ask the child to finish off passing the rest of the urine into the toilet.
- 7. Immediately replace the yellow lid to the specimen jar, ensuring that the lid is correctly threaded and securely closed.
- 8. Flush toilet and thoroughly wash your hands with soap and water.
- 9. Please place the sealed specimen jar in the plastic hazard bag provided and immediately refrigerate.
- 10. Fill out the sample collection details below and place in biohazard bag.

Please deliver samples <u>directly</u> to the BIS team at your child's school on the day of the school visit. For health and safety reasons, parents and guardians are to be solely responsible for dropping off samples. Under no circumstances are children allowed to deliver samples at the school visit.

PLEASE FILL OUT THE DETAILS BELOW

Child Urine Sample

BIS Child Name: _____

Date of collection: ___/___/

Time Collected: ____: ___ am/pm

Method of collection (Please circle):

CLEAN CATCH

OTHER (please specify):



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