

Urine Collection Instructions

Supplies enclosed in this package

1 sample collection cup, 2 Parafilm strips, 1 biohazard bag with absorbent strips and identification label, 1 thermal envelope, 2 Ice Packs, 1 UN3373 box, 1 FedEx prepaid return label and 1 FedEx UN3373 Pak bag.

Place the freezer pouch and ice packs in the freezer the evening before sample is to be shipped so it is ready for transport.

We have found that a false negative result may be obtained if the patient is physically inactive before the urine sample is collected.

It is highly recommended that the patient be physically active for at least 30 minutes, wait an hour, then collect the next urine sample.

DO NOT COLLECT FIRST URINE IN THE MORNING!

1. Collect urine directly into collection cup. While 45-50ml of urine is preferred, a minimum of 30ml is required to process the sample.
2. Remove Parafilm from the protective paper backing. The "plastic" is the Parafilm, discard paper.



3. Wrap the Parafilm around the lid of the collection cup covering both the lid and the top portion of the collection cup to ensure a leak proof seal. Stretch the Parafilm as you wrap it to ensure adherence of the film to the collection cup. Repeat with the second piece of Parafilm provided. (See pictures below.)



4. Complete the sample ID information on the sample collection cup.
5. Place the urine filled cup, sealed with Parafilm, into the labeled biohazard bag. Seal biohazard bag.
6. Place biohazard bag into thermal envelope (with frozen ice packs) and place into UN3373 box.
7. Place box into FedEx UN3373 Pak, seal bag, attach return label, and contact FedEx to schedule a pick up or drop off at any FedEx facility.

NOTE: In order to ensure that samples arrive by Friday close of business, please ship your sample Monday through Wednesday only.

If immediate transportation is not available, refrigerate (DO NOT FREEZE) sample until it can be mailed.

Visit www.FedEx.com or call 1-800-463-3339 for additional shipping assistance
Please contact DNA Connexions at (888)843-5832 or Info@DNAConnexions.com with any questions.



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Urine Specimen Transport Protocol

Name: _____ DOB: _____

Address: _____

Telephone: _____ Email: _____

Please complete all corresponding fields

Sample Description:

Urine Other: _____ Collection Date: _____

Notes: _____

OPTIONAL

Please complete the information and sign this section if you would like a copy of your results emailed to your doctor.

Doctor's Name: _____ Phone: _____

Doctor's Email: _____ Signature: _____

Payment Information

Lyme Test \$500 Total: \$ _____

Rush Fee \$150* Total: \$ _____

Kit Deposit Paid **-\$25** Total: \$ _____ Inv. #: _____ (required for discount)

Order Total: \$ _____

All Major Credit Cards and Money Orders Accepted

Credit Card Number: _____

Expiration Date: _____ CCV Code: _____ Billing Zip Code: _____

Signature: _____ Contact Number: _____

Please note that samples will not be tested unless this form is filled out in its entirety and payment is collected.

***Reporting typically takes 2-3 weeks, dependent on how many samples we have in lab on the date yours is received. Rush fee ensures your sample is processed with the next batch and results are typically available within 5 working days from the date of receipt.**

DNA Connexions Disclaimer

Upon submission of sample(s) to DNA Connexions, I acknowledge that DNA Connexions is not a clinical diagnostic laboratory and cannot provide a diagnosis for disease and/or subsequent treatment. These results are from DNA PCR testing, and indicate the presence of targeted foreign DNA. This information alone should not be used to diagnose or treat a health problem or disease. All reported results are intended for research purposes only and a consultation with a qualified health care provider is required for diagnosis and treatment.

Please contact DNA Connexions at 888-843-5832 or info@DNAConnexions.com with any questions.

Updated: January 30, 2017

Lyme Disease Questionnaire

Diagnosis

1. Have you had a positive Lyme/Co-infections test? Yes No
Have you had a negative Lyme/Co-infections test? Yes No

ELISA Date? _____ Pos Neg Western Blot Date? _____ Pos Neg
PCR Date? _____ Pos Neg Other Date? _____ Pos Neg
Culture Date? _____ Pos Neg Describe: _____
2. Prior diagnosis of chronic fatigue syndrome or fibromyalgia Yes No
3. You have received a prior diagnosis of a specific autoimmune disorder (Lupus, MS, rheumatoid arthritis) or of a nonspecific autoimmune disorder Yes No
Describe _____

Incidence

1. Incidence of a tick bite, an erythema migraine, or an undefined rash, followed by flulike symptoms Yes No
When (year)? _____
Description _____
2. Incidence of a tick bite with no rash or flulike symptoms Yes No
When (year)? _____
Description _____
3. Residence in what is considered a Lyme-endemic area Yes No
When (year)? _____ Where? _____ Duration of residency? _____
4. Family member who has been diagnosed with Lyme and/or other tick-borne infection Yes No

Antibiotics/ Other Therapies

Type _____
Duration _____
Type _____
Duration _____
Type _____
Duration _____

Research Participation

You are invited to participate in ongoing research studies conducted by DNA Connexions. The purpose of this research is to further examine the connection between specimens and microbial flora, develop new research tests, and to statistically analyze the results of our tests at the population level. Your participation will involve consenting to allow DNA Connexions to utilize any remaining sample after your contracted testing is complete. You will not be contacted if your results are utilized for potential future research studies.

Voluntary participation: Your participation in this research study is voluntary. No discount or compensation will be offered by DNA Connexions for your participation. **Confidentiality:** All personal identifiers will be removed from your sample. **By signing my name below, I confirm the following:** I have read (or had read to me) this document and all of my questions have been answered to my satisfaction. I agree to let DNA Connexions utilize and share my anonymous health information for the purposes of ongoing research. I voluntarily agree to participate in possible future research studies. At any time, I can request DNA Connexions discard all of my remaining sample, if it is still identifiable as mine.

Name Date Signature Date DOB