

UNITED MEDICAL LABORATORIES, INC.

1980 Gallows Rd #300., Tysons Corner, VA 22182

703-356-4422

URINE CULTURE, BROTH METHOD INSTRUCTION

Please include following information:

1. Photo ID: (Driver's License)
2. Patient's Name
3. Date of Birth
4. Address
5. Telephone #
6. E-mail address
7. Where to forward the result to:
8. Dr's information (If applicable)
9. Payment method:
 - Check payable to **United Medical Laboratories, Inc.** (No foreign checks will be accepted.) **or**
 - Credit payment (3.5% surcharge fee will apply for credit card payments): Card #, Expiration date, and Name on the card.
10. Even if patients have insurance, we still require patients to send payment of \$279.00 (*includes identification and drug sensitivities*) for the Broth Culture. (*If shipping from outside the United States, please add \$40.00 duty charge to your total.*)
11. UML can provide the patient with an itemized receipt, upon request, for the patient to submit to their insurance company for reimbursement.

Collecting Urine Sample:

1. Patient needs to obtain a sterile urine specimen container (containers must be labeled "sterile" by the manufacturer). Containers can be obtained from a local laboratory, doctor's office or pharmacy.
2. Clean the genital area before collecting the sample.
3. Catch midstream (More details on last page).
4. **Tightly seal** and label (patient's name) the container.
5. Please put the urine container in a zip-lock bag before packing it.
6. Please mail the sample **OVERNIGHT EXPRESS** (UPS, Fedex or USPS) with either dry ice (frozen carbon dioxide) or an ice pack to keep the specimen cold. We recommend sending the sample in an insulated container such as a Styrofoam box or an insulated lunch box. Patients should keep their sample in the fridge and pack it right before their scheduled pickup time.

Collecting Semen Sample:

1. Clean the genital area before collecting the sample.
2. Collect sample in a sterilized container (containers must be labeled "sterile" by the manufacturer). Containers can be obtained from a local laboratory, doctor's office or pharmacy.
3. Tightly seal and label (patient's name) the container.
4. Please put the urine container in zip-lock bag before packing it.
5. Please mail the sample **OVERNIGHT EXPRESS** (UPS or Fedex) with either dry ice (frozen carbon dioxide) or an ice pack to keep the specimen cold. We recommend sending the sample in an insulated container such as a Styrofoam box or an insulated lunch box. Patients should keep their sample in the fridge and pack it right before their scheduled pickup time.

If you are taking antibiotics, unless stated otherwise by your physician, stop taking antibiotics for 2-3 days prior to collecting the urine sample.

If you have any question, please contact us at the number listed above or email us at info@unitedmedicallab.com.

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Form Updated: 12/1/2017

FOR LAB USE ONLY

ID#:

Date:

PLEASE PRINT

Last Name	First Name	Date of Birth:
		Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female
Address		Tel #:
		Fax #:
		Email:
Dr's Name and Address (If applicable)		Tel #:
		Fax#:
Please check following: <input type="checkbox"/> Urine Broth Culture: \$279.00 <input type="checkbox"/> Semen Broth Culture: \$279.00 <input type="checkbox"/> Yeast (Candida Albican): \$119.00 <input type="checkbox"/> Chlamydia Trachomatis Culture: \$188.00 <input type="checkbox"/> Ureaplasma Urealyticum/Mycoplasma Hominis: \$298.00 <input type="checkbox"/> Cancer Detection: \$189.00 <i>Bladder, Kidney, Other Urinary Tract</i>		* PATIENTS SHIPPING FROM OUTSIDE THE UNITED STATES, PLEASE ADD \$40.00 PROCESSING/DUTY CHARGE TO YOUR TOTAL.
<u>Important Notice: A 3.5% service fee will be applied to Credit Card Payments starting 10/04/2017</u>		
Credit Card: VISA / MASTERCARD / DISCOVER (circle one) Number: _____ Exp. Date: _____ CVV: _____ Name on Card: _____		Total Amount: \$ _____ Billing Zip Code: _____
Signature:		Date:
PATIENT AUTHORIZATION: I hereby authorize United Medical Labs. Inc. to apply for benefits on my behalf for covered services rendered. I request payment to be made directly to United Medical Labs. Inc. I certify that the information I have provided with regard to my insurance coverage is correct. I further authorize the release of any necessary information, including medical information for this or any related claim, to the insurance carrier. I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by either me or the insurance carrier at any time in writing.		
Signature:		Date:

Do you need an itemized receipt to submit to your insurance company? Please check: YES / NO

TEN STEPS FOR OBTAINING CLEAN VOIDED MIDSTREAM URINE SAMPLE FOR CULTURING

- 1) **IMPORTANT:** At the first morning voiding (or if otherwise, at about 3 hours before you plan to take the clean voided specimen), do a “preparatory urination” by intermittently stopping and releasing the flow as many times as you can – in quick succession – until finished. This serves to flush essentially all colonizing bacteria from the urethra. The preparatory urination should not be collected.
- 2) During the three 3 hour interval, do not take in any other fluids which could dilute normal bladder accumulation. At the end of the three hours, shower or thoroughly cleanse the areas around the urinary exit (especially the perineal) with soap and water. With fresh clean tissue blot off the urinary exit or dry area with low setting of hair dryer. At no time should your hands touch any part of the urinary exit area.
- 3) Spread a clean tissue on a surface close to the toilet bowl.
- 4) Remove the lid from the sterile urine cup and place it, open side down, on the tissue. Place the open urine cup next to it. Do not touch the rim of either the cup or lid with your fingers or body surface at any time.
- 5) Sit on the seat backwards of the usual posture, i.e. straddle the seat with the legs and start the stream if this is comfortable for you. Otherwise, straddle standing forward.
- 6) Permit a small quantity to spill into the bowl to the slow count of 4 or 5 (as you feel the possible volume allows); the longer, the better.
- 7) Do not stop the stream. While the urine is still flowing, place the open urine cup below the stream and collect a small amount (1-2 oz) directly from the urethral exit. The stream must not wash over adjacent skin surfaces.
- 8) Do not stop the stream while collecting the specimen. After obtaining a small quantity, (no more than 1/4 to 1/3 of the total sterile container), withdraw the cup and carefully replace its lid, make sure that you do not touch the inside of the rim.
- 9) After collecting the sample, patients should keep their sample in the fridge and pack it right before their scheduled pickup time. This will keep the sample cold for a longer period of time.
- 10) If you are on antibiotics, do a “preparatory urination” as stated in step 1 (above) at the time of medication and collect the specimen to be sent in about 3 hours later after the flush. It is best to obtain the urine sample in the morning (after bedtime dosage of antibiotic but before morning dose if possible).
- 11) **IMPORTANT:** The above “preparatory urination” is also recommended for all other voiding, as part of a therapy to improve bladder control and keep the urethra repeatedly flushed of colonizing bacteria. Periodic monitoring by broth culture for resistant bacteria (every one to two months) while on long-term antibiotics is recommended.