

# Patientinstruktion Dygnssamling (24 timmar) av urin för 5HIAA med SYRA Engelska

## Instructions for patients

### 24-hour collection of urine for 5-HIAA with ACID

Name .....

Personal identity number .....

#### DIET

Banana, avocado, plums, aubergine (eggplant), pineapple, kiwi, walnuts, hickory nuts, red wine, grapefruit, tomato, or cough medicine containing guaiacol glyceryl ether should not be ingested during 3--4 days before urine collection, and during it, as they can give you raised levels of serotonin.

#### WHAT YOU NEED:

	<ul style="list-style-type: none"> <li>• A urine container, labelled with your name and personal identity number, that you care provider has given to you.</li> <li>• A clean vessel, e.g. a glass or a plastic cup.</li> </ul> <p>If, by mistake, you urinate without collecting your urine you have to start your 24-hour collection all over again. Do <b>not</b> urinate straight into the container.</p> <p><b>Warning: the container has acid in it which could be corrosive.</b></p>
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#### DO THE FOLLOWING:

	<p>Urinate into the toilet before you begin collecting and note down the time. This urine is <b>not</b> to be saved.</p> <p>TIME..... DATE.....</p>
	<p>The next time you need to urinate (and the following times over the next 24 hours): urinate into an unused vessel, e.g. clean plastic cup. Then pour the urine into the plastic container, which has to be kept in a cool place during collection.</p>
	<p>Urinate and collect it one last time the following day, at around the same time you began collecting (24 hours earlier).</p> <p>TIME..... DATE.....</p>
	<p>That's it. Store the container in a cool place at home until you hand it in. It's a good idea to hand it in the same day.</p>
	<p>Hand in the container labelled with your name and personal identity number, along with these instructions and any referral to your health care centre or the designated laboratory.</p>

*Arrived at the Dept. of Clinical Chemistry (to be filled in by lab personnel)*

*Ankomst till Klinisk kemi (fylls i av lab.personal)*

Datum:

Signatur:

Volym urin:.....L