

Iothalamate Test Request

NSRC / Iothalamate, Glomerular Filtration Rate, Plasma and Urine

Client Information (required)

Patient	Information	(required)
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Client Name		
Client Account No.		
Client Phone	Client Order No.	
Street Address		
City	State	ZIP Code

Patient ID (Medical Record No.) Patient Name (Last, First Middle) Sex Birth Date (mm-dd-yyyy) Male Female Collection Date (mm-dd-yyyy) Time m pm

Submitting Healthcare Professional Information (required)

Submitting/Referring Provider Name (Last, First)

Reason fo	or Testing	(required)
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	Fill in only if Call Back is required.	
	Phone (with area code)	Fax* (with area code)
	National Provider Identification (NPI)	
ICD-10 Diagnosis Code	*Fax number given must be from a fax machine that complies with applicable HIPAA regulation.	
Note: It is a client's responsibility to maintain documentation of the order. New York State Patients: Informed Consent for Genetic Testing	MCL Internal Use Only	
'I hereby confirm that informed consent has been signed by an ndividual legally authorized to do so and is on file with this office or the individual's provider's office."		
Signature		

Note: Tests without a signature will not be performed.

Ship specimens to:

Mayo Clinic Laboratories 3050 Superior Drive NW Rochester, MN 55905

Customer Service: 800-533-1710

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.

Billing Information

- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

Call the Business Office with billing-related questions: 800-447-6424 (US and Canada) 507-266-5490 (outside the US)

Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
Patient Name (Last, First Middle)	Client Order No.
Birth Date (mm-dd-yyyy)	

General Collection and Processing Instructions

If questions, call the Renal Laboratory at 507-284-2525 and ask for a Technical Specialist. **Precise recording of collection times and urine volume is essential for this test.** Record all information in the spaces provided to the right.

1. Record patient's weight and height.

2. UO – Initial Pre-injection Urine Sample

- Collect urine before injection of lothalamate.
- Aliquot 5 mL urine into one of the 10-mL urine containers.
- On the right, record collection time to the nearest minute.
- Write "UO" on the urine container.
- If the patient cannot void, write "no specimen" on U0 label and continue with testing.

3. Iothalamate Injection Time

Record the injection time to the nearest minute.

4. UE - Equilibration Urine Collection

- · Collect urine 60 minutes after the iothalamate injection time.
- Minimum urine output of 30 mL is required. Follow bladder scanning parameter instructions.
- On the right, record the collection time to the nearest minute.
- Quantitatively measure UE volume to the nearest mL and record below.
- Aliquot 5 mL urine into the second 10-mL urine container.
- Write "UE" on the urine container.

5. P1 - Plasma

- Collect a sodium heparin blood within 5 minutes (maximum time 10 minutes, see detailed instructions) of collecting the UE. It is important to use opposite arm of SQ injection.
 - If it takes more than 10 minutes to obtain blood specimen:
 - Patient must re-void immediately after blood draw.
 - Add additional urine to beaker, weigh, and record total volume.
 - $\circ\,$ Aliquot urine in "UE" labeled tube and blood in "P1" labeled tube.
- On the right, record the collection time to the nearest minute.
- Spin blood and aliquot 1-mL plasma into the tube provided.
- Write "P1" on the vial.

6. U1 - GFR Testing Urine Collection

- · Collect urine 45 minutes after the UE void time.
- Minimum urine output of 100 mL is required. Follow bladder scanning parameter instructions.
 - If 100 mL output is not met, ask patient to re-void every 20 minutes until 100 mL output is obtained.
- Quantitatively measure the U1 volume to the nearest milliliter.
- On the right, record the following information for the U1 collection:
 - a. Collection Time (to the nearest minute)
 - b. Volume (to the nearest milliliter)
 - c. Collection Duration (to the nearest minute)
 - Duration time: the minutes between UE and U1 void time
- Aliquot 5 mL into the third 10-mL urine container.
- Write "U1" on the urine container.
- 7. P2 Plasma
 - Collect a sodium heparin blood within 5 minutes (maximum time 10 minutes, see detailed instructions) of collecting the U1. It is important to use opposite arm of SQ injection.
 - If it takes more than 10 minutes to obtain blood specimen:
 - Patient must re-void **immediately** after blood draw.
 - Add additional urine to beaker, weigh, and record total volume.
 - $\circ\,$ Aliquot urine in "U1" labeled tube and blood in "P2" labeled tube.

- Below, record collection time to the nearest minute.
- Spin blood and aliquot 1-mL plasma into the tube provided.
- Write "P2" on the vial.
- 8. Troubleshooting (refer to detailed instructions)
 - Re-collection for stool contaminated urine specimens.
 - Difficulty emptying bladder.
 - Blood collection difficulty, longer than 10 minutes maximum from void time.
- 9. Indicate name and phone number of a person that can answer any questions MCL may have regarding the collection of these specimens.

Packing Instructions

1. Ensure that all specimens are labeled correctly.

- Put the plasma and urine aliquots into the "Pink Refrigerated Specimen" transport bag.
- 3. Insert a copy of the completed requisition form into outer pocket of transport bag.
- 4. Store the specimens in the refrigerator until the specimens are shipped.
- 5. Ship the specimens at refrigerate temperature.

Test NSRC / Iothalamate, Glomerular Filtration Rate, Plasma and Urine

The following information must be provided before testing can be completed.

1. Patient Weight _____ kg (in kilograms)

Patient Height _____ cm (in centimeters)

- 2. Initial Urine Collection Time (UO) _____: ____ am ___ pm
- 3. Iothalamate Injection Time _____: ____ am ___ pm
- 4. Equilibration Urine (UE) Collection Time _____: ___ am _ pm UE Collection Volume _____mLs
- 5. Plasma (P1) Collection Time _____: ____ am _ pm (Must be no longer than 5 minutes after UE Collection)
- 6. a. U1 Testing Urine Collection Time _____: ___ □ am □ pm b. U1 Collection Volume mLs

 - c. U1 Collection Duration _____ minutes
- 7. Plasma (P2) Collection Time _____: ___ am pm (Must be no longer than 5 minutes after U1 Collection)
- 8. Collection Facility

Contact Name:

Phone: _