





<p align="center"><b>Midstream Collection Kit</b> Lawson Ordering - 200149</p>	<p align="center"><b>Individual Cup</b> Lawson Ordering - 194111</p>	<p align="center"><b>Adapter for Foley Catheter Urine Transfer</b> Lawson Ordering - 47513</p>
		

<p align="center"><b>Speckled Top Preservative Tube</b> Lawson Ordering – 79335</p>	<p align="center"><b>Gray Top Preservative Tube</b> Lawson Ordering - 79332</p>	<p align="center"><b>Clear Top Tube Non – Additive</b> Lawson Ordering - 58469</p>
 <p>Volume: 7 mL (min) – 8 mL Used for:</p> <ul style="list-style-type: none"> <li>• <b>Urinalysis</b></li> </ul>	 <p>Volume: 3 mL (min) – 4 mL Used for:</p> <ul style="list-style-type: none"> <li>• <b>Urine Culture</b></li> </ul>	 <p>Volume: 2 mL (min) - 6 mL (preferred full) Used for:</p> <ul style="list-style-type: none"> <li>• <b>Urine Chemistry</b></li> <li>• <b>Urine Pregnancy</b></li> <li>• <b>Urine Toxicology</b></li> <li>• <b>Urine Gono/Chlam RNA samples</b></li> <li>• <b>Miscellaneous Sendout</b></li> </ul>

**Lab recommends collecting all three tubes for add-on test requests. Minimum fill volume for urine cup is 10mL.**

**Urine Cytology  
Collections**




Due to larger volume requirement for Urine Cytology (50 mL), current collection will continue. Collect in sterile container.

**Affix patient label containing a minimum of 2 forms of identification to each specimen**

**Questions? Contact the  
Clinical Laboratory at  
(719) 365-5260**

**uhealth**

**Low Volume Urine  
Collections**



If low volume urine (<10 mL), transfer to sterile container.

