

Test kits 908 + 928

Neurotransmitter (F500, F510, F550, F600)

(NT-) Tryptophan Metabolism Plus (A685, F610, F620)

Methyl Group Donors (F630) **Bacterial Uremic Metabolites** (A681)

TMA- and TMAO Formation (A675)

Organic Acids (A125, E408, E425, E435)



Instructions for sample collection and preparation

Sampling test kit includes:

1 x Request Form

1 x Test kit Instruction

1 x Tube with stabilizer (white lid)

1 x Pipette for transferring sample

1 x Patient label

1 x Transport container

Requirements prior to sample collection

2 days prior to start and during sample collection:

please avoid fish or seafood (Caution: sauces and omega-3 oil!)

On the evening before sample collection, please avoid:

Bananas, cheese, almonds, nuts, green and black tea (fruit tea is allowed), vanilla and vanilla-containing products, cocoa and chocolate, alcohol, coffee and caffeinated drinks, energy drinks, nicotine.



On the morning of sample collection, please refrain from sports and exercises.

Do not eat or drink anything except water or fruit tea.

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How to collect the urine sample:

- This diagnostic test requires **second morning** urine.
- The **first morning urine** is the urine obtained **after getting up** in the morning (regardless of how many times urine was passed during the night).
- The **second morning urine** is collected at least **2 - 4 hours** after the first morning urine - **not earlier**.
- Please use a mid-flow sample: Midway through urination, after first passing a small amount of urine into the toilette, the urine cup should be filled halfway. Thus, the urine is obtained without interrupting urination. The first and last part are discarded into the toilette.
- Please, transfer the urine from the urine cup to the centrifuge tube with the white lid using the enclosed pipette. Fill the tube up to the mark, approx. 5 mm below the closed lid. Important: Make sure that the stabilizer substance (small filter) remains inside the tube.
- Gently rock the urine tube back and forth. (Do not shake!)

Please label sample tube:

- **Patient name**
- **Date of sampling**
- **Material → check the box "urine"**
- Please insert the labeled urine tube into the transport container (a protective tube for shipment) and close the lid tight. Place the transport tube containing the urine sample together with the completed request form in the return envelope.
- It is best to hand in the return envelope at your local post office.



Please do NOT post your sample on Fridays (weekend) or before holidays!