

SHIPPING INSTRUCTIONS

14. Place the labelled tube **into the White Padded bag** then into the sealed section of the specimen transport bag.
15. Ensure that your test request form has been correctly filled out and all patient information is correctly stated. This includes full patient name, date of birth, residential address and telephone number. Once completed, place into the unsealed section of the specimen transport bag.
16. When your sample is ready to be transported, please ring the courier number provided on the pre-paid return bag.
Please advise this is a medical specimen.

Alternatively, you can drop the package to your **nearest agent**.
(Record the "customer" number on the front right of the track pack.
This is your record to track delivery)

GENERAL DISCLAIMER

We recommend that you always seek the advice of a qualified health care practitioner regarding any medical or health related diagnosis or treatment before acting on this test information. Nutrisearch does not provide clinical advice on test selection or interpretation of testing for wellness testing to patients, nor does it provide diagnosis, treatment or medical advice. Nutrisearch is not liable to you or anyone else for any loss or negative consequence caused in whole or in part by interpreting, delivering or reporting information through the utilizing of laboratory testing services. In no event shall we be liable to you or any other party for any decisions made or action taken or not taken by you in reliance on such information.

Thank you for your request. Results will be forwarded to your referring practitioner upon completion. All testing is performed by NutriPATH Pathology.



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INTESTINAL PERMEABILITY

Collection Instructions

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COLLECTION REQUIREMENTS

If you are uncertain of the collection procedure after reading these instructions, please contact our Customer Service on 0800 88 44 33 who will clearly explain the procedure.

Before proceeding, please read and follow all instructions carefully. Without taking these precautions your results may be inaccurate, or may result in a possible recollection being required.

IMPORTANT PRE-COLLECTION INFORMATION

- Collect this sample on a **Sunday or Monday ONLY**.
This test CANNOT BE PERFORMED IF YOU ARE A DIABETIC with a fasting urine glucose level over 6mmol/L.
- The evening before collecting the sample, start fasting from 11.00pm. NO food and only water to drink for at least 8 hours.
- Do not proceed with the urine collection if you are menstruating.
- Over the collection time of this test (6 hours), AVOID foods with **fructose** as these foods may affect the test results. Common foods containing fructose include dietetic foods, fruit, fruit juices, honey and foods containing corn syrup. Check food labels for added fructose.
- AVOID foods which contain **mannitol** such as cauliflower, mushroom, snow peas, seaweed, watermelon and 'sugar-free' gums and sweets. Mannitol is additive 421- read food labels.
- Keep out of reach of children.
- Lactulose has no listed contraindications but minor abdominal cramps and flatulence may occur.
- Mannitol is contraindicated where there is clinical or radiological indication of bowel constriction. Minor abdominal cramps may occur.
- This test is not suitable if you are pregnant. An alternative test may be considered such as Zonulin.

Intestinal Permeability Collection Kit

KIT CONTENTS:

Check contents of kit. If items are missing OR you have any questions regarding this kit, please contact Customer Service on 0800 88 44 33.

[Adult] 1 x Brown bottle (containing Mannitol 2g/Lactulose 3.34g ml/Glycerol 7ml)

OR

[Child Dose] If 30kg or under, take 2 teaspoons of solution after mixed.
Over 30kg is classed as an adult, and should take the adult dose.

- 1 x Plastic dropper (pipette)
- 1 x Glass tube (10ml with screw cap)
- 1 x 4 ltr collapsible urine collection bag
- 1 x Specimen transport bag
- 1 x Courier bag (prepaid)
- 1 x White padded envelope
- 1 x Request form
- 1 x Collection instructions

SPECIMEN COLLECTION INSTRUCTIONS

1. Ensure that you have fasted for at least eight (8) hours prior to beginning this test.
2. After your overnight fast (of at least 8 hours), commence the test by firstly emptying your bladder (first morning urine) directly into the toilet.
3. Open the Lactulose/Mannitol brown bottle formula provided in the test kit.
4. Add warm water to the Lactulose/Mannitol formula in the brown plastic bottle until it is 3/4 full. Replace the lid firmly and shake the container vigorously to dissolve the syrup/ powder and to ensure the solution has been well mixed.
5. Consume the formula completely. If any residue remains, add more warm water and continue drinking until it is completely empty.
6. Note the time you consumed the formula on the request form and on the label of the urine (10ml) glass tube as this is your commencement time.
Eg. Consumed Lactulose/Mannitol formula 7:00 am.

SPECIMEN COLLECTION INSTRUCTIONS (CONT'D)

7. Continue to NOT eat or drink for two hours after taking the Lactulose/Mannitol formula. At two hours drink a glass of water.
8. It is recommended to drink at least one glass of water every hour until you finish your 6 hour urine collection. You may drink and eat as usual 2 hours after taking the Lactulose/Mannitol formula. However you **MUST** strictly avoid certain foods and beverages containing fructose (fruit sugar) and mannitol.
9. During the 6 hours period from the noted time of when you consumed the Lactulose/Mannitol formula, all urine that is passed **MUST** be collected into the 4 litre urine collapsible collection bag.
10. To collect urine into the bag, expand the collection bag and pass all the urine from your bladder into the urine bag, replace the cap and mix it thoroughly.
11. After your 6 hour collection, accurately read the total urine volume from The graduated scale on the side of the bag by holding the bag up from each corner.
12. Write the **6 hour total urine volume** on the request form and on the label of the 10ml urine specimen tube. **Eg. 650ml collection**
13. Using the plastic dropper, transfer 10ml of well-mixed urine from the bag into the 10ml specimen glass tube. Screw the cap on tightly and ensure that the tube is labelled with:
 - **First and last name**
 - **Date of birth**
 - **Date of collection**
 - **Test commencement time i.e. START 7:00am**
 - **Test completion time i.e. FINISH 1:00pm**
 - **Total 6 hour urine volume i.e. 650mls**

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