



**PATIENT INFORMATION**

|  |       |  |               |                  |
|--|-------|--|---------------|------------------|
| LAST NAME (Please Print Legibly)         | FIRST | MIDDLE   | PATIENT SS#:  | DATE OF BIRTH:   |
| PATIENT ADDRESS:                         |       |  | CITY:         | STATE: ZIP CODE: |
| COLLECTION DATE:                         | TIME: | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | COLLECTED BY: | HOME PHONE:      |
| (IF PATIENT IS MINOR) NAME OF GUARANTOR: |       |  |               |                  |

**ORDERING DR. / OFFICE INFORMATION** **Collection Information**

|                             |  |
|-----------------------------|--|
| <b>REFERRING PHYSICIAN:</b> | <b>Start Date of Collection:</b><br><br>____/____/____ |
| OFFICE ADDRESS:             |  |
| OFFICE PHONE:               |  |
| OFFICE FAX:                 |  |

**Stone Risk<sup>®</sup> Diagnostic Profile** [RML Test # 9003000]  
Must use an approved Stone Risk<sup>®</sup> 24hr Urine Container  
(Available from your physician's office or RML Main Lab processing x17398)

**For The Patient**

- **THIS IS A TIME SENSITIVE TEST**
- **The Stone Risk<sup>®</sup> Container Must Be Returned** to the RML Main Lab or an approved processing facility **within 4hrs** after the end of the 24hr collection period. (Contact your physician or RML Client Service 918-744-2500 to locate a processing location.)
- **Do Not Start** the collection until you can return the Stone Risk<sup>®</sup> Container within that time.
- Keep the Stone Risk<sup>®</sup> container cool during and after collection.
- Do not remove the sponge from the orange Stone Risk<sup>®</sup> collection container.
- Do not collect the first urination at the beginning of 24-hour collection.

**For The Office**

Have patient collect urine over a 24hr period to according to Physician's instructions. If you cannot process the Stone Risk<sup>®</sup> container Send to the RML Main Lab within 4 hours after the end of the 24hr collection.

**If Processing Specimen Offsite from RML Main Lab:**

- Make sure specimen is well mixed by **shaking the contents** of sealed container **vigorously for at least one minute.**
- Do not remove the wool from white aliquot container.
- The Two White Specimen Aliquot vials must be filled **within 2-4 hours of completion of 24-hour collection.**
- Fill the Specimen Aliquot vials **one at a time** with 50-60mL urine from collection jug.
- Take care to securely tighten the original caps on Specimen Aliquot vials, **Do Not swap the caps to the vials.**
- Write patients name on each aliquot vial and place in zip-lock bags provided (Do Not remove absorbent sheets).
- Return the bagged aliquot vials to RML for testing.

**COMMENTS:**

**NOTE:** This Urologic Stone Risk<sup>®</sup> Diagnostic Patient Information Form must accompany the specimen and RML Requisition to the laboratory.