

## **URINE - VOIDED/CATHETERIZED**

### **Indications**

Detection and characterization of malignant cells and other urologic abnormalities in symptomatic (usually hematuria) patients; screening for malignancy in selected individuals at high risk for the development of urologic malignancy; detection and characterization of some non-neoplastic renal diseases in symptomatic (usually hematuria) patients.

### **Specimen**

Approximately 50 ml of an appropriately collected voided urine or catheterized urine.

### **Collection Procedure**

For purposes of obtaining the greatest yield of diagnostic material, a second morning (after the patient is hydrated) voided urine specimen should be obtained, if possible.

A midstream, clean catch specimen is recommended to avoid vaginal contamination in female patients. A midstream specimen, not necessarily clean catch, is recommended for male patients. If the patient must be catheterized to obtain the specimen, this should be noted on the specimen requisition form. (Catheterization can lead to a more cellular specimen with certain cytologic features that may be misinterpreted without the knowledge that the patient was catheterized.) Submit the FRESH specimen, WITHOUT FIXATIVE to ARDX LMC along with the completed requisition form. Transport of the specimen should occur within 12 hours. If transport of the specimen is delayed, the specimen should be refrigerated until transported to the lab.