

Appendix D. Sample Kit Instructions

User instructions for each of the Analytical Services Laboratory's ten sample kits are reproduced in this appendix.

Exhibit	Kit Code	Application
D.1	1	Approximate 24-hr Routine At-Home Urine Sampling (laboratory delivery and pick-up)
D.2	2	Termination Urine Sampling (laboratory delivery and pick-up)
D.3	3	24 Hour Total Urine Sampling Home Fraction (laboratory delivery and pick-up)
D.4	4	Single-Void Urine Sampling (laboratory delivery and pick-up)
D.5	5	Collecting a Fecal Sample (laboratory delivery and pick-up)
D.6	6	Special Urine Sampling (laboratory delivery and pick-up)
D.7	7	Soluble-Uranium-in-Urine Sampling (laboratory delivery and pick-up)
D.8	8	Collecting a Fecal Sampling (laboratory delivery and pick-up)
D.9	9	Collecting a Urine Sample for Mailing (laboratory delivery and pick-up)
D.10	A	Approximate 48-hr Routine At-Home Urine Sampling (laboratory pick-up and delivery)
D.11	B	12-hour urine collection for termination sample (Laboratory delivery Only)
D.12	P	Approximate 24-hr Routine At-Home Urine Sampling (laboratory pick-up only)
D.13	Q	Termination Urine Sampling (laboratory pick-up only)
D.14	R	24 Hour Total Urine Sampling Home Fraction (laboratory pick-up only)
D.15	S	Single-Void Urine Sampling (laboratory pick-up only)
D.16	T	Collecting a Fecal Sample (laboratory pick-up only)
D.17	U	Special Urine Sampling (laboratory pick-up only)
D.18	V	Soluble-Uranium-in-Urine Sampling (laboratory pick-up only)
D.19	W	Collecting a Fecal Sampling (laboratory pick-up only)
D.20	X	Collecting a Urine Sample for Mailing (laboratory pick-up only)
D.21	Y	Approximate 48-hr Routine At-Home Urine Sampling (laboratory pick-up only)

The actual instruction cards are printed on different colors of card stock for easy visual discrimination. The color is noted parenthetically in the exhibits.

See Appendix B (Table B.4) for a description of the application for each sample kit.

Exhibit D.1. Instructions for Kit Code 1: Approximate 24-hr Routine At-Home Urine Sampling.(laboratory delivery and pick-up)

(orange)

Kit Code 1

**INSTRUCTIONS
FOR ROUTINE BIOASSAY AT-HOME SAMPLING**

PEASE READ AND FOLLOW CAREFULLY

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify **STL, Inc., Bioassay Section**, of any errors by phoning (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M.
- Please collect **ALL** urine excreted within the periods one-half hour before retiring and one-half hour after rising for two consecutive days.

If kit was delivered on:	Start collection on:	End collection morning of:	Kit will be picked up:
Monday	Monday	Wednesday	Wednesday
Tuesday	Tuesday	Thursday	Thursday
Wednesday	Wednesday	Friday	Friday
Thursday	Saturday	Monday	Monday
Friday	Saturday	Monday	Monday

- Urine passed only during the specified periods should be collected.
- Keep the bottles capped when not in use.
- Three bottles are provided in the kit. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, tighten each cap, replace the bottles in the cardboard box and return the kit to the same place you received it. It will be picked up on the pickup date indicated above. If you work a shift other than the day shift and will **NOT** have your kit out before 8 AM on the day of sample pick-up, please call the number above to arrange for a later pick-up.

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 Richland WA 99352

Exhibit D.2. Instructions for Kit Code 2: Termination Urine Sampling
(laboratory delivery and pick-up)

(goldenrod)

Kit Code 2

INSTRUCTIONS

FOR TERMINATION BIOASSAY SAMPLING

PLEASE READ AND FOLLOW CAREFULLY

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify **STL, Inc., Bioassay Section**, of any errors by phoning (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M.
- Your employer has requested a final urine specimen from you to complete your individual radiation exposure history record. This is part of your employer's termination procedure.
- Please collect **ALL** urine passed within one-half hour of retiring on the above sample date and within one-half hour of rising.
- Keep the bottles capped when not in use.
- Three bottles are provided in the kit. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, tighten each cap, replace the bottles in the cardboard box and return the kit to the same place you received it.
- The bioassay sampling kit will be picked up from the same place it was dropped off on the pickup date indicated above.

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Exhibit D.3. Instructions for Kit Code 3: 24 Hour Total Urine Sampling, Home Fraction
(laboratory delivery and pick-up)

(light yellow)

Kit Code 3

INSTRUCTIONS

FOR 24 HOUR TOTAL URINE SAMPLING HOME FRACTION

PLEASE READ AND FOLLOW CAREFULLY

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify **STL, Inc., Bioassay Section**, of any errors by phoning (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M.
- Please collect **ALL** urine passed from **MIDNIGHT TO MIDNIGHT** on the sample data as shown on the kit label. This kit is provided for home collection. A second kit may be provided for your use while at work.
- Keep the bottles capped when not in use.
- Three bottles are provided in the kit. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, tighten each cap, replace the bottles in the cardboard box and return the kit to the same place you received it.
- The bioassay sampling kit will be picked up from at the same place it was dropped off on the pickup date indicated above.

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Exhibit D.4. Instructions for Kit Code 4: Single-Void Urine Sampling
(laboratory delivery and pick-up)

(green)

Kit Code 4

INSTRUCTIONS

FOR SINGLE-VOID URINE SAMPLING

PLEASE READ AND FOLLOW CAREFULLY

- Check the kit for your correct name and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify **STL, Inc., Bioassay Section**, of any errors by phoning (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M.
- Unless you have been instructed otherwise, please collect a single **NORMAL** voiding of urine in one of the bottles provided.
- Cap the bottle tightly. Replace the bottle in the kit and return it to the same place you received.
- The kit will be picked up from the same place it was dropped off either today or tomorrow.

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Exhibit D.5. Instructions for Kit Code 5: Collecting a Fecal Sample
(laboratory delivery and pick-up)

(light blue)

Kit Code 5

Sample Date _____

Delivery Date _____

Pickup Date _____

INSTRUCTIONS**FOR COLLECTING A FECAL SAMPLE****PLEASE READ AND FOLLOW CAREFULLY**

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify **STL, Inc., Bioassay Section**, of any problems or discrepancies in the information on the label. Phone Richland (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M.
- Please collect a stool specimen (fecal sample) on the above date. If there is no voiding on the sample date, collect the next voiding and put the correct sample date on the label.
- Place the kit in the place it was delivered after sampling has been completed.
- STL will automatically schedule pickup on the date indicated above. If a sample could not be collected on the first day, please call STL, Richland at (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M. to reschedule your kit retrieval.

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ADDITIONAL INSTRUCTION ON BACK OF CARD

Directions for use:

1. Remove container, frame-holder and plastic bag from sample kit, and remove container lid.
2. Place plastic bag in container with top folded over outer edges. Insert container-bag unit in frame holder.
2. Pull up toilet seat, place unit on bowl in center toward rear of bowl.
3. Put toilet seat on frame to hold unit in place. **CAUTION:** Stool specimen must not contain urine.
4. After stool specimen has been collected, remove plastic bag from rim of the container and fold over the stool sample. Replace cover and return to sample box.

Exhibit D.6. Instructions for Kit Code 6: Special Urine Sampling
(laboratory delivery and pick-up)

(red)

Kit Code 6

**INSTRUCTIONS
FOR SPECIAL URINE SAMPLING**

PLEASE READ AND FOLLOW CAREFULLY

- Check the box for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify **STL, Inc., Bioassay Section**, of any errors by phoning (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M.
- **UNLESS YOU HAVE BEEN INSTRUCTED OTHERWISE**, please collect **ALL** urine passed starting one-half hour before retiring on the above sample date and ending one-half hour after rising.
- Keep the bottles capped when not in use.
- Three bottles are provided in the kit. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, tighten each cap, replace the bottles in the cardboard box and return the kit to the same place you received it.
- The bioassay sampling kit will be picked up from the same place it was dropped off on the pickup date indicated above.

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Exhibit D.7. Instructions for Kit Code 7: Soluble-Uranium-in-Urine Sampling
(laboratory delivery and pick-up)

(chartreuse)

Kit Code 7

INSTRUCTIONS
FOR SOLUBLE URANIUM
IN URINE SAMPLING

PLEASE READ AND FOLLOW CAREFULLY

Routine collection and analysis of urine samples is an important part of the radiation dosimetry program for individuals working with soluble uranium. Therefore, it is requested that you read and carefully follow the instructions below.

- Check the kit for your correct, name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify **STL, Inc., Bioassay Section**, of any errors by phoning (509) 375-3131, collect, between 8:00 A.M. and 4:30 A.M.
- Please collect ALL urine excreted within one-half hour before retiring on Sunday evening and one-half hour after rising on Monday morning.
- Keep the bottles capped when not in use.
- Three bottles are provided in the kit. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, please place all bottles, whether used or not, into the cardboard carrier and refold the handle to close the box.
- Your kit will be picked up on **Monday** morning from the same place where it was delivered. Be sure to leave your kit where it was delivered so it can be picked up.

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Exhibit D.8. Instructions for Kit Code 8: Collecting a Fecal Sample
(laboratory delivery and pick-up)

(grey blue)

Kit Code 8

INSTRUCTIONS

FOR COLLECTING A FECAL SAMPLE

IMPORTANT: IF POSSIBLE, DO NOT USE UNTIL 24 HOURS AFTER LEAVING WORK PLACE.

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify **STL, Inc., Bioassay Section**, of any problems or discrepancies in the information on the container. Phone Richland (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M.
- Please collect a stool specimen (fecal sample) on the above date. If there is no voiding on the sample date, collect the next voiding and put the correct sample date on the label.
- Place the kit in the place it was delivered after final sampling has been completed.
- STL will automatically schedule pickup on the date indicated above. If a sample could not be collected on the first day, please call STL, Richland at (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M. to reschedule your kit retrieval.

CHECK TIME OUT OF ZONE:

- Less than 1 day
- 1-3 days
- More than 3 days

ADDITIONAL INSTRUCTIONS ON BACK OF CARD

Directions for use:

1. Remove container frame holder and plastic bag from sample kit, and remove container lid.
2. Place plastic bag in container with top folded over outer edges. Insert container-bag unit in frame holder.
2. Pull up toilet seat, place unit on bowl in center toward rear of bowl.
3. Put toilet seat on frame to hold unit in place. CAUTION: Stool specimen must not contain urine.
4. After stool specimen has been collected, remove plastic bag from rim of the container and fold over the stool sample. Replace cover and return to sample box.

Exhibit D.9. Instructions for Kit Code 9: Collecting a Urine Sample for Mailing
(laboratory delivery and pick-up)

(pink)

Kit Code 9

INSTRUCTIONS
FOR COLLECTING A URINE SAMPLE FOR MAILING

PLEASE READ AND FOLLOW CAREFULLY

1. Discard the outer box. Write the start date here: _____
2. Please collect ALL urine while at home until all bottles are used.
3. Three bottles are provided in the kit. Begin with any bottle and fill each bottle at least to the fill line but no higher than the bottle neck.
4. Keep the bottles capped when not in use.
5. After final sampling has been completed, recheck each cap for tightness. Replace the bottles in the cardboard box with the instruction card. Seal the box by moistening the gummed surface of the tape provided and centering over the box closure.
6. Return the package to STL, Inc.
7. If you have any questions, please call STL, Inc., Bioassay Section, at (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M.

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Exhibit D.10. Instructions for Kit Code A: Approximate 48-hr Routine At-Home Urine Sampling
(laboratory delivery and pick-up)

Kit Code A

INSTRUCTIONS
FOR ROUTINE BIOASSAY AT-HOME SAMPLING

PEASE READ AND FOLLOW CAREFULLY

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify **STL, Inc., Bioassay Section**, of any errors by phoning (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M.
- Please collect **ALL** urine excreted within the periods one-half hour before retiring and one-half hour after rising for four consecutive days.

If kit was delivered on:	Start collection on:	End collection morning of:	Kit will be picked up:
Monday	Monday	Friday	Friday
Tuesday	Thursday	Monday	Monday
Wednesday	Thursday	Monday	Monday
Thursday	Thursday	Monday	Monday
Friday	Friday	Tuesday	Tuesday

- Urine passed only during the specified periods should be collected.
- Keep the bottles capped when not in use.
- Each kit consists of **TWO** boxes. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, tighten each cap, replace the bottles in the cardboard boxes and return the kit to the same place you received it. It will be picked up on the pickup date indicated above.

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Exhibit D.11. Instructions for Kit Code B: 12-hour urine collection for termination sample
(Laboratory Delivery Only)

Kit Code B

INSTRUCTIONS

FOR TERMINATION BIOASSAY SAMPLING

PLEASE READ AND FOLLOW CAREFULLY

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify **STL, Inc., Bioassay Section**, of any errors by phoning (509) 375-3131, collect (if necessary), between 8:00 A.M. and 4:30 P.M.
- Your employer has requested a final urine specimen from you to complete your individual radiation exposure history record. This is part of your employer's termination procedure.
- Please collect **ALL** urine passed within one-half hour of retiring on the above sample date and within one-half hour of rising the next morning.
- Keep the bottles capped when not in use.
- Three bottles are provided in the kit. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, tighten each cap, replace the bottles in the cardboard box and return the kit to one of the locations specified in the SPECIAL TERMINATION BIOASSAY INSTRUCTIONS provided by your employer. **DO NOT LEAVE THE KIT AT YOUR RESIDENCE.**

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Exhibit D.12. Instructions for Kit Code P: Approximate 24-hr Routine At-Home Urine Sampling.
(Laboratory pick-up only)

(orange)

Kit Code P

INSTRUCTIONS
FOR ROUTINE BIOASSAY AT-HOME SAMPLING

PEASE READ AND FOLLOW CAREFULLY

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify by telephone **the office issuing the kit**, of any errors.
- Please collect **ALL** urine excreted within the periods one-half hour before retiring and one-half hour after rising for two consecutive days.

If kit was received on:	Start collection on:	End collection morning of:	Kit will be picked up:
Monday	Monday	Wednesday	Wednesday
Tuesday	Tuesday	Thursday	Thursday
Wednesday	Wednesday	Friday	Friday
Thursday	Saturday	Monday	Monday
Friday	Saturday	Monday	Monday

- Urine passed only during the specified periods should be collected.
- Keep the bottles capped when not in use.
- Three bottles are provided in the kit. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, tighten each cap, place the kit outside near the front door. It will be picked up on the pickup date indicated above. If you work a shift other than the day shift and will NOT have your kit out before 8 AM on the day of sample pick-up, please call the number below to arrange for a later pick-up.

STL Inc.
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Richland WA 99352
Telephone: (509) 375-3131 ext.135

Exhibit D.13. Instructions for Kit Code Q: Termination Urine Sampling
(Laboratory pick-up only)

Kit Code Q

INSTRUCTIONS

FOR TERMINATION BIOASSAY SAMPLING

PLEASE READ AND FOLLOW CAREFULLY

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify by telephone **the office issuing the kit** of any errors.
- Your employer has requested a final urine specimen from you to complete your individual radiation exposure history record. This is part of your employer's termination procedure.
- Please collect **ALL** urine passed within one-half hour of retiring on the above sample date and within one-half hour of rising the next morning.
- Keep the bottles capped when not in use.
- Three bottles are provided in the kit. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, tighten each cap, replace the bottles in the cardboard box and place the kit outside near the front door. If you will NOT have your kit out before 8 AM on the day of sample pick-up, please call the number below to arrange for a later pick-up.

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Telephone: (509) 375-3131 ext.135

Exhibit D.14. Instructions for Kit Code R: 24 Hour Total Urine Sampling, Home Fraction
(Laboratory pick-up only)

Kit Code R

(Light Yellow)

FOR 24 HOUR TOTAL URINE SAMPLING
HOME FRACTION

PLEASE READ AND FOLLOW CAREFULLY

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify by telephone **the office issuing the kit** of any errors.
- Please collect **ALL** urine passed from **MIDNIGHT TO MIDNIGHT** on the sample data as shown on the kit label. This kit is provided for home collection. A second kit may be provided for your use while at work.
- Keep the bottles capped when not in use.
- Three bottles are provided in the kit. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, tighten each cap, replace the bottles in the cardboard box and place the kit outside near the front door.
- The bioassay sampling kit will be picked up from at the same place it was dropped off on the pickup date indicated above. If you will NOT have your kit out before 8 AM on the day of sample pick-up, please call the number below to arrange for a later pick-up.

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Richland WA 99352
Telephone: (509) 375-3131 ext.135

Exhibit D.15. Instructions for Kit Code S: Single-Void Urine Sampling
(Laboratory pick-up only)

Kit Code S

INSTRUCTIONS

FOR SINGLE-VOID URINE SAMPLING

PLEASE READ AND FOLLOW CAREFULLY

- Check the kit for your correct name and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify by telephone **the office issuing the kit** of any errors.
- Unless you have been instructed otherwise, please collect a single **NORMAL** voiding of urine in one of the bottles provided.
- Cap the bottle tightly. Replace the bottle in the kit and place the kit outside near the front door.
- The kit will be picked up from your residence either today or tomorrow. If you will NOT have your kit out before 8 AM on the day of sample pick-up, please call the number below to arrange for a later pick-up.

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Richland WA 99352
Telephone: (509) 375-3131 ext.135

Exhibit D.16. Instructions for Kit Code T: Collecting a Fecal Sample
(Laboratory pick-up only)

Kit Code T

Sample Date _____

Delivery Date _____

Pickup Date _____

INSTRUCTIONS**FOR COLLECTING A FECAL SAMPLE****PLEASE READ AND FOLLOW CAREFULLY**

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify by telephone **the office issuing the kit** of any errors.
- Please collect a stool specimen (fecal sample) on the above date. If there is no voiding on the sample date, collect the next voiding and put the correct sample date on the label.
- Place the kit outside near the front door after sampling has been completed.
- STL will automatically schedule pickup on the date indicated above. If a sample could not be collected on the first day, please call STL, Richland at (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M. to reschedule your kit retrieval.

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ADDITIONAL INSTRUCTION ON BACK OF CARD**Exhibit D.16.** (contd)**ADDITIONAL INSTRUCTION ON BACK OF CARD**

Directions for use:

1. Remove container, frame-holder and plastic bag from sample kit, and remove container lid.
2. Place plastic bag in container with top folded over outer edges. Insert container-bag unit in frame holder.
3. Pull up toilet seat, place unit on bowl in center toward rear of bowl.
4. Put toilet seat on frame to hold unit in place. **CAUTION:** Stool specimen must not contain urine.
5. After stool specimen has been collected, remove plastic bag from rim of the container and fold over the stool sample. Replace cover and return to sample box.

Exhibit D.17. Instructions for Kit Code U: Special Urine Sampling
(Laboratory pick-up only)

(red)

Kit Code U

**INSTRUCTIONS
FOR SPECIAL URINE SAMPLING**

PLEASE READ AND FOLLOW CAREFULLY

- Check the box for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify by telephone **the office issuing the kit** of any errors.
- **UNLESS YOU HAVE BEEN INSTRUCTED OTHERWISE**, please collect **ALL** urine passed starting one-half hour before retiring on the above sample date and ending one-half hour after rising.
- Keep the bottles capped when not in use.
- Three bottles are provided in the kit. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, tighten each cap, replace the bottles in the cardboard box and place the kit outside near the front door.
- The bioassay sampling kit will be picked up from your residence on the pickup date indicated above. If you will **NOT** have your kit out before 8 AM on the day of sample pick-up, please call the number below to arrange for a later pick-up.

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Telephone: (509) 375-3131 ext.135

Exhibit D.18. Instructions for Kit Code V: Soluble-Uranium-in-Urine Sampling
(Laboratory pick-up only)

Kit Code V

**INSTRUCTIONS
FOR SOLUBLE URANIUM
IN URINE SAMPLING**

PLEASE READ AND FOLLOW CAREFULLY

Routine collection and analysis of urine samples is an important part of the radiation dosimetry program for individuals working with soluble uranium. Therefore, it is requested that you read and carefully follow the instructions below.

- Check the kit for your correct, name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify by telephone **the office issuing the kit** of any errors.
- Please collect ALL urine excreted within one-half hour before retiring on Sunday evening and one-half hour after rising on Monday morning.
- Keep the bottles capped when not in use.
- Three bottles are provided in the kit. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, please place all bottles, whether used or not, into the cardboard carrier and refold the handle to close the box.
- Your kit will be picked up on **Monday** morning. Be sure to leave your kit outside your residence so it can be picked up. If you will **NOT** have your kit out before 8 AM on the day of sample pick-up, please call the number below to arrange for a later pick-up.

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Telephone: (509) 375-3131 ext.135

Exhibit D.19. Instructions for Kit Code W: Collecting a Fecal Sample
(Laboratory pick-up only)

Kit Code W

INSTRUCTIONS

FOR COLLECTING A FECAL SAMPLE

IMPORTANT: IF POSSIBLE, DO NOT USE UNTIL 24 HOURS AFTER LEAVING WORK PLACE.

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. . Please notify by telephone **the office issuing the kit** of any errors.
- Please collect a stool specimen (fecal sample) on the above date. If there is no voiding on the sample date, collect the next voiding and put the correct sample date on the label.
- Place the kit outside near the front door after final sampling has been completed.
- STL will automatically schedule pickup. If a sample could not be collected on the first day, please call STL, Richland at (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M. to reschedule your kit retrieval.

CHECK TIME OUT OF ZONE:

- Less than 1 day
- 1-3 days
- More than 3 days

ADDITIONAL INSTRUCTIONS ON BACK OF CARD

Directions for use:

1. Remove container, frame holder and plastic bag from sample kit, and remove container lid.
2. Place plastic bag in container with top folded over outer edges. Insert container-bag unit in frame holder.
2. Pull up toilet seat, place unit on bowl in center toward rear of bowl.
3. Put toilet seat on frame to hold unit in place. CAUTION: Stool specimen must not contain urine.
4. After stool specimen has been collected, remove plastic bag from rim of the container and fold over the stool sample. Replace cover and return to sample box

Exhibit D.20. Instructions for Kit Code X: Collecting a Urine Sample for Mailing
(Laboratory pick-up only)

(pink)

Kit Code X

INSTRUCTIONS
FOR COLLECTING A URINE SAMPLE FOR MAILING

PLEASE READ AND FOLLOW CAREFULLY

1. Write the start date here: _____
2. Please collect ALL urine while at home until all bottles are used.
3. Three bottles are provided in the kit. Begin with any bottle and fill each bottle at least to the fill line but no higher than the bottle neck.
4. Keep the bottles capped when not in use.
5. After final sampling has been completed, recheck each cap for tightness. Replace the bottles in the cardboard box with the instruction card. Seal the box by moistening the gummed surface of the tape provided and centering over the box closure.
6. Return the package to STL, Inc.
7. If you have any questions, please call STL, Inc., Bioassay Section, at (509) 375-3131, collect, between 8:00 A.M. and 4:30 P.M.

STL, Inc.
BIOASSAY SECTION
2800 George Washington Way

Exhibit D.21. Instructions for Kit Code Y: Approximate 48-hr Routine At-Home Urine Sampling
(Laboratory pick-up only)

Kit Code Y

INSTRUCTIONS
FOR ROUTINE BIOASSAY AT-HOME SAMPLING

PEASE READ AND FOLLOW CAREFULLY

- Check the kit for your correct name, address, and payroll number **BEFORE** collecting a sample. **DO NOT USE** this kit if it is not addressed to you. Please notify by telephone **the office issuing the kit** of any errors.
- Please collect **ALL** urine excreted within the periods one-half hour before retiring and one-half hour after rising for four consecutive days.

If kit was delivered on:	Start collection on:	End collection morning of:	Kit will be picked up:
Monday	Monday	Friday	Friday
Tuesday	Thursday	Monday	Monday
Wednesday	Thursday	Monday	Monday
Thursday	Thursday	Monday	Monday
Friday	Friday	Tuesday	Tuesday

- Urine passed only during the specified periods should be collected.
- Keep the bottles capped when not in use.
- Each kit consists of **TWO** boxes. Begin with any bottle and use as many as necessary. Each bottle may be filled until approximately 3/4 full.
- After final sampling has been completed, tighten each cap, replace the bottles in the cardboard boxes and leave outside your residence. It will be picked up on the pickup date indicated above. If you will NOT have your kit out before 8 AM on the day of sample pick-up, please call the number below to arrange for a later pick-up.

STL Inc.
BIOASSAY SECTION
2800 George Washington Way
Richland WA 99352
Telephone: (509) 375-3131 ext.135