



Patient Instructions

Timed Urine for Catecholamines, Metanephrines, VMA, HVA, and 5HIAA Testing

If you are taking or unsure about any of the medications listed below, we suggest that you **first consult with your doctor** and ask if they can be safely discontinued for 1 week before the test.

Catecholamines (Epinephrine, Norepinephrine, Dopamine) Metanephrines (Metanephrine and Normetanephrine), VMA and/or HVA:

You will be required to follow these instructions for 72 hours prior to the test and during the collection of the 24 hour urine. Avoid the following:

- Tea, coffee, energy drinks, alcohol, tobacco
- Strenuous exercise
- L-dopa, MAO inhibitors, TCAs, nasal decongestants or antihistamines containing pseudoephedrine, non-selective alpha blockers and other medications likely to interfere with catecholamines and their metabolism

Foods:

- Bananas
- Fruit Juices
- Nuts
- Tomatoes
- Potatoes
- Beans
- Hard Cheese

After you have been on the diet restrictions for 3 days, you will collect urine in the bottle provided for a 24 hour period according to the "Timed Urine Collection Instructions".

Note: Common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha / beta blockers) may be continued as these are expected to cause little or no interference.

5-HIAA Testing:

You will be required to follow a special diet for 72 hours prior to the test and during the collection of the 24 hour urine. Avoid the following:

Foods:

- Avocados
- Bananas
- Dates
- Eggplant
- Grapefruit
- Kiwi fruit
- Melons (all)
- Nuts (all)
- Pineapple
- Plums
- Tomatoes



Medications and Supplements:

- Salicylates (e.g. Aspirin)
- Acetaminophen
- L-dopa
- Cough syrup containing guaifenesin
- Herbal remedies
- Supplements for serotonin, tryptophan or 5-HTP

After you have been on the diet restrictions for 3 days, you will collect urine in the bottle provided for a 24 hour period according to the "Timed Urine Collection Instructions".

References

Eric Grouzman, Pharm. D., Ph.D, Head of Laboratory, Faizam Lamine, MD, Consultant Endocrinologist. Best Practice and Research Clinical Endocrinology & Metabolism 27 (2013) 713-723.