Assessments by 44 parents of three methods of home urine collection

<table>
<thead>
<tr>
<th>Parents' assessments</th>
<th>Pad</th>
<th>Bag</th>
<th>Clean catch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preference order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First</td>
<td>21</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Second</td>
<td>19</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Third</td>
<td>4</td>
<td>14</td>
<td>26</td>
</tr>
</tbody>
</table>

Open comments
Positive
- Easy, hygienic, or quick 25
- Comfortable for child 10
Negative
- Uncomfortable or distressing 1
- Fiddly or messy 9
- Impractical or time consuming 10
- Difficult to get urine out of pad 8
- Red marks left on skin 10
- Too much trouble—gave up (boys) 1

Since Kass suggested a diagnostic cut off of a single bacterial species cultured at > 10^5/ml, it has been widely taken as proof of a urine infection and assumed not to occur from skin contamination, even though his study and others recorded similar false positive rates to ours. False positive results potentially lead to inappropriate treatment and imaging. Suprapubic puncture is an unrealistic alternative in primary care. Although collecting multiple samples would reduce the false positive rate, it might delay antibiotic treatment.

We thank the parents for volunteering and their thoughtful comments and Dr Mohammad Raza for microbiological help.

Contributors: MGC had the original idea for the study and is the guarantor. The study was designed, the data analysed, and the paper written jointly by all the authors. LDF, carried out the clinical aspects and DMN and SJP the laboratory aspects of the study.

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Competing interests: The Children's Kidney Fund of the Newcastle University Hospitals special trustees receives royalties from Ontex UK from sales of Newcastle sterile urine collection packs.

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