

## CHECKLIST (PRIOR TO SHIPPING)

### 1. All Tubes

- Patient's **First and Last Name, Date of Birth, and Collection Time** written on all tube labels
- The specimen **reaches** the FILL LINES in all tubes
  - **3 ml** – White-top tubes
- All the tubes are **tightly closed**

### 2. Tubes

- All Tubes - frozen

### 3. Test Requisition Form with Payment

- Test Requisition Form is complete – **Test is marked, patient's first and last name, date of birth, gender, and time collection ended** are recorded
- Payment** is included

### 4. Return to the Laboratory

- Please place frozen samples in silver foil bag, then place silver foil bag in shipping box.

## SHIP THE SPECIMEN(S) TO THE LAB

Please refer to the shipping instruction insert found in your specimen collection pack.



Call 020.8336.7750 or visit our website at [www.gdx.net/uk](http://www.gdx.net/uk)

## ONE DAY HORMONE CHECK

### PATIENT SALIVA COLLECTION INSTRUCTIONS



The following test(s) can be collected using these instructions:

**One Day Hormone Check**

# **END41**



**Test may not be processed without this information:**

#### Test Requisition Form



#### Please Provide:

- Patient's First/last Name
- Date of Birth
- Gender
- Date of Collection

#### All Tubes



#### Please Label:

- Patient's first/last name
- Patient's date of birth
- Collection date
- Collection stop time

**Please read and follow instructions completely to ensure accurate results.**

### Specimen

Saliva

### Additional Materials

- Biohazard bag with absorbent material
- Test Requisition Form
- Collection labels
- Shipping box
- Silver foil bag

### Collection Materials for Saliva



5 White-top  
Collection tubes

# IMPORTANT PREP PRIOR TO TESTING

## IMPORTANT:

- ❑ It is important that you collect saliva according to the Collection Schedule below. All samples must be collected within one day.
- ❑ Consider waking at **6am** on day of collection.
- ❑ If you have difficulty producing enough saliva for the tube, press the tip of your tongue to the roof of your mouth against your teeth. Yawning can also generate saliva.
- ❑ **Transdermal (cream) and sublingual bio-identical hormones** may produce artificially high levels in the saliva that do not correlate with blood levels. This increase from cream hormones may last for weeks to months after

discontinuing use. If you are taking these substances – or have taken them within the last 12 months – please consult with your healthcare practitioner before taking this test.

❑ **The following drugs, herbs and dietary supplements may influence levels of hormones reported in this test:** ketoconazole, cimetidine (Tagamet), anastrozole (Arimidex), letrozole (Femara), exemestane (Aromasin), Chrysin, Apigenin, Tribulus terrestris, clomiphene, antiepileptics, digoxin, oral steroids (e.g. Prednisone), cortisone cream, and any steroid-based



## IMPORTANT:

nasal sprays, inhalers, or eye drops. Let your physician know about these and any other medications, herbs, and supplements that you have used in the past 3 months. Do not change use of supplements or medications unless instructed to do so by your healthcare provider.



## NIGHT BEFORE COLLECTION:

- ❑ Before you go to sleep on Collection Day, place your collection tube (with a completed label) at your bedside, along with a glass of water and a low level light. Do not turn on a bright light, it will cause your melatonin level to drop.



## ONE HOUR BEFORE COLLECTION:

- ❑ One hour prior to collection do not eat, brush or floss your teeth, use mouthwash, chew gum or use any tobacco products. You may drink **ONLY** water during this time.

For full details refer to: [www.gdx.net/tests/prep](http://www.gdx.net/tests/prep)

# COLLECTION

**IMPORTANT: To ensure accurate test results you MUST provide the requested information.**

**1**

**Write patient's first and last name, date of birth, gender, and dates of collection** on the Test Requisition Form.

### Collecting Your Saliva Samples:

**2**

**Fill** tube with saliva to designated level, without bubbles or mucus. **Replace** the cap tightly to avoid leakage.



**3**

Please **write** the **patient's first and last name, date of birth, and the start and stop collection times on the label.** Attach the label to the collection tube.

NAME: _____	<b>1</b>
D.O.B: ____/____/____ DATE: _____	
START TIME: _____	
STOP TIME: _____	



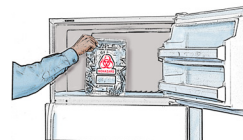
**4**





**Freeze** tube immediately. Samples must be frozen a minimum of 2 hours prior to shipping. Keep samples frozen until ready to ship.



**5**

**Repeat** these steps for each sample according to the Specimen Collection Chart.



SPECIMEN COLLECTION CHART	
SPECIMEN INTERVALS	
Collect Between <b>7:00AM – 9:00AM (USE LABEL #1)</b>	3 ml 
Collect Between <b>11:00AM – 1:00PM (USE LABEL #2)</b>	3 ml 
Collect Between <b>3:00PM – 5:00PM (USE LABEL #3)</b>	3 ml 
Collect Between <b>10:00PM – 12:00AM (USE LABEL #4)</b>	3 ml 
Collect Between <b>2:30 AM - 3:30 AM (USE LABEL #5)</b>	3 ml 