

Check Your Kit

- 4 Saliva collection tubes
- 4 Labels, numbered 1-4
- 1 Biohazard bag
- 1 Requisition (to be completed and signed)
- 1 Gel Freezer Pack
- 1 Flexfoil Pack

◆ If you are missing any of these items please call **Genova on 020 8336 7750**

Before the Test Begins

◆ The following drugs and herbs may influence levels of hormones reported in this test: ketoconazole, clomiphene, phenytoin, oral steroids (e.g. Prednisone), cortisone cream or patches, and any steroid-based 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 Physician or Therapist.

◆ The "normal" range for hormone levels reported on this test was determined with individuals who were not taking DHEA or cortisol supplements (including pills, patches, and creams). Cortisol and DHEA skin creams, in particular, are likely to significantly increase test results above the normal range. This increase may last for weeks to months after discontinuing use.

◆ For other test profiles that include measurements of Testosterone and / or Melatonin, supplementation will result in a similar increase in test results (including pills, patches, and creams). If you are taking these substances, or have recently, consult your Physician or Therapist before taking these tests.

At least 4 hours prior to collection

◆ Gel Freezer Pack must be frozen a minimum of 4 hours before shipping.

During the 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.

Before beginning each collection

◆ **WASH HANDS** thoroughly with soap and water.

FYI

- ◆ Can I reuse a tube if I have problems with the collection? No. Call IVDL Genova for assistance.
- ◆ DHEA and cortisol supplements (especially skin creams) are likely to significantly increase test results above the normal range. If you are taking these substances, or have recently, consult your Physician or Therapist before taking this test.
- ◆ Testosterone and Melatonin supplements are likely to significantly increase test results above the normal range. If you are taking these substances, or have recently, consult your Physician or Therapist before taking this test.

Consult your Physician or Therapist if you have any questions at any time during this test.

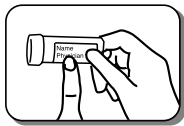
Saliva Collection Schedule

- ◆ On the day you collect specimens for this profile, plan to awaken and rise between 6:00AM and 9:00AM.
- ◆ Collect a total of 4 saliva samples, one sample at each of the following intervals:

Morning	1 hour after rising for the day (Use label #1.)
Midday	4 to 5 hours after last sample (Use label #2.)
Afternoon	4 to 5 hours after last sample (Use label #3.)
Late Night	Prior to sleep (Use label #4.)

Collection

Not following these instructions may affect your test results.



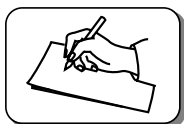
- 1 Using a ballpoint pen or pencil only, write your name and the time and date of collection on the label with the #1 on it. Attach the label to a collection tube if not already labelled.



- 2 To collect the sample, rinse your mouth with drinking water before collection. Spit out water completely. During collection, do not cough or clear your throat into the collection tube.

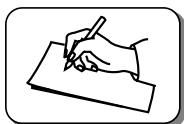


- 3 Fill the collection tube until the liquid saliva level reaches the 2-ml mark. To reduce a foamy saliva collection, tap the tube on a hard surface. **Insufficient saliva samples cannot be processed.**



- 4 Make sure collection time and date are written on the tube and the cap is replaced tightly to avoid leakage. Place the filled tube into the biohazard bag and freeze immediately. Samples must be frozen a minimum of 2 hours prior to shipping. Keep samples frozen until ready to ship.

- 5 Repeat steps 1-4 for each collection, using the labels numbered 2, 3, and 4, in that order.



- 6 When ready to ship, place the 4 samples into the **Biohazard bag and seal.** Place the Biohazard bag **along with the frozen Gel Pack in the Flexfoil pack.**

- 7 Fill out the Requisition Form, including the date of collection and sign.

Shipping

- ◆ Check that you have placed the following items in the Flexfoil Pack:
 - 4 filled and labelled collection tubes
 - Frozen Gel Freezer Pak
- ◆ Check that you have placed the following items in the return padded mailer for shipment.
 - Flexfoil Pack containing the **Biohazard bag** (with specimens) and the frozen Gel Pack.
 - Requisition, completed and signed.
- ◆ Return the sample using the return mailing envelope to Genova for processing.

Consult your Physician or Therapist if you have any questions at any time during this test.