

## Check Your Kit

- 12 Collection tubes
- 12 Labels, numbered 1-12
- 1 Biohazard bag with pad
- 1 Requisition (to be completed and signed)
- 1 Gel Freezer Pack
- 1 Flexfoil Pack
- 1 Rubber band

◆ If you are missing any of these items, Please call Genova Diagnostics on 020 8336 7750.

## Before the Test Begins

◆ The following drugs and herbs may influence levels of hormones reported in this test: melatonin (at doses greater than 5 mg), ketoconazole, cimetidine (Tagamet), anastrozole (Arimidex), letrozole (Femara), exemestane (Aromasin), digoxin, antiepileptics, Chrysin, Apigenin, and Tribulus terrestris. Let your Practitioner 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 hormone supplements (including pills, patches, and creams). Transdermal (cream) hormones will generally produce artificially high levels in the saliva that do not correlate with blood levels. This increase may last for weeks to months after discontinuing use. If you are taking these substances, or have recently, consult your Physician or Therapist before taking this test.

### At least 4 hours prior to collection of final sample

◆ 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.

## Patient Information

◆ Can I reuse a tube if I have problems with the collection? No. Call the Genova Laboratory.

◆ Hormone replacement therapy (especially skin creams) is likely to significantly affect test results, causing them to be outside the normal range. Oral contraceptives are likely to significantly decrease test results below the normal range. If you are taking these substances, or have recently, consult your Physician or Therapist before taking this test.

**Please answer ALL the following questions by circling the appropriate response:**

1. Do you have a regular menstrual cycle? YES NO
2. What is your average cycle length? (e.g. 28 days) \_\_\_\_ To \_\_\_\_ Days
3. Do you feel you may be entering the menopause? YES NO
4. Do you experience any symptoms of PMS? YES NO
5. Is this test being used for fertility studies? YES NO

**If any hormones or drugs have been/are being taken within 3 months of this test, please indicate**

Progesterone (Oral or creams) Last Taken \_\_\_\_\_

Oestrone / Oestradiol / Oestriol Last Taken \_\_\_\_\_

Testosterone Last Taken \_\_\_\_\_

DHEA Last Taken \_\_\_\_\_

Other Last Taken \_\_\_\_\_

# Saliva Collection Schedule

◆ Your collection schedule is based on the first day of your menstrual cycle (the day menstrual blood flow begins). You may find it helpful to use a calendar to remind you of collection dates. Keep these instructions until the test is complete and mark off collection days as you progress through the test.

◆ Try to adhere to the collection schedule as closely as possible, particularly around the time of ovulation.

◆ If you are not experiencing periods, you may start on any day. The number of samples will identify any underlying patterns. If you have a recurring menstrual symptom, try to target the test so that the symptom falls on day 11 or 12.

**Day 1:** Count from this day (the first day of your menstrual cycle). Do not collect on this day.

**Day 3:** Collect your *first* specimen between 7:00 AM and 9:00 AM. (Use label #1.) Then collect samples on the following

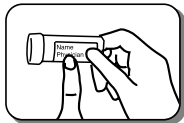
**Days 5, 8, 11, 12, 14, 16, 18, 20, 23, 26 & Day 1 of next cycle (your twelfth and final specimen):**

Collect additional specimens. (Use labels #2-12.) It is important that each of these specimens is collected in the morning between 7:00 AM and 9:00 AM. Note the actual dates of collection below.

Day 3 (First)	Day 5	Day 8	Day 11	Day 12	Day 14
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Day 16	Day 18	Day 20	Day 23	Day 26	Day 1 (Next)
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___

## Collection

Not following these instructions may affect your test results.



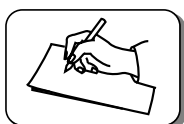
**1** Using a ballpoint pen or pencil only, write your name and the time and date of collection on the label with the red #1 on it. Attach the label to a collection tube.



**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 2-12, in order.

**6 Required:** Complete all patient information on the Requisition Form and this instruction sheet. Enter date in box labelled "Date Final Sample Collected" before returning the specimens.

## Shipping

◆ Check that you have placed the following items in the Flexfoil Pack:

- 12 filled and labelled collection tubes
- Frozen Gel Freezer Pack

◆ Check that you have placed the following items in the return padded mailer for shipment.

- Biohazard bag containing the Flexfoil Pack (with specimens) and the frozen Gel Pack.
- **Requisition, completed and signed & this instruction sheet with completed patient information & sample days.**

◆ Return the sample using the return mailing envelope to Genova for processing.

## 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.**

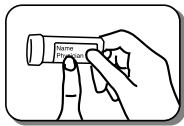
# Saliva Collection Schedule

- ◆ 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:

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

## Collection

Not following these instructions may affect your test results.



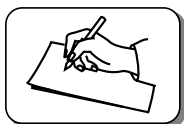
- 1 Using a ballpoint pen or pencil only, write your name and the time and date of collection on the label with the #1 on it. Attach the label to a collection tube if not already labelled.



- 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.

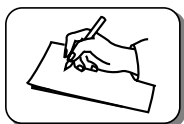


- 3 Fill the collection tube until the liquid saliva level reaches the 2-ml mark. To reduce a foamy saliva collection, tap the tube on a hard surface. **Insufficient saliva samples cannot be processed.**



- 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.**

## Check Your Kit

- 3 Saliva collection tubes
- 3 Labels, numbered 1-3
- 1 Biohazard bag with pad
- 1 Requisition (to be completed and signed)
- 1 Gel Freezer pack
- 1 Flexfoil pack

◆ If you are missing any of these items, or if any of the tubes are expired, please call Genova Diagnostics on 020 8336 7750.

## Before the Test Begins

### Ship Monday-Thursday only

◆ The specimens must be shipped Monday through Thursday only. Arrange shipping prior to testing. Specimens must be stored frozen prior to shipping.

◆ Let your Physician know about any 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 melatonin supplements. Melatonin supplements are likely to significantly increase test results above the normal range. If you are taking melatonin supplements, or have recently, consult your Physician or Therapist before taking this test.

### At least 4 hours prior to collection

◆ 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.

### Required

◆ Please fill in all Patient information on the Requisition form. Be sure it is signed by the Patient/Responsible Party and the Physician or Therapist. Enter date in box labeled "Date Final Sample Collected" before returning specimens.

## FYI

◆ The specimens must be shipped Monday through Thursday only. Arrange shipping prior to testing. Specimens must be stored frozen prior to shipping.

◆ Can I reuse a tube if I have problems with the collection? No. Call Genova Diagnostics.

◆ Melatonin supplements are likely to significantly increase test results above the normal range. If you are taking these supplements, 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

◆ Collect a total of 3 saliva samples, one sample at each of the following intervals:

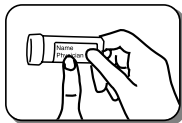
**Morning– 7:00 AM to 9:00 AM (Use label #1.)**

**Afternoon–3:00 PM to 5:00 PM (Use label #2.)**

**Midnight–0.00 AM to 1:00 AM (Use label #3.)**

## Collection

Not following these instructions may affect your test results.



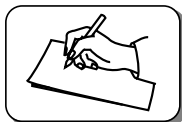
**1** Using a ballpoint pen or pencil only, write your name and the time and date of collection on the label with the #1 on it. Attach the label to a collection tube.



**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 3-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. Sample must be frozen a minimum of 2 hours prior to shipping. Keep sample frozen until ready to ship.

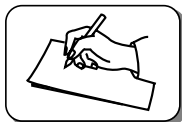


**5** Repeat steps 1-4 for the afternoon collection, using the label numbered 2.

*NOTE: The third and final sample collection allows measurement of the melatonin peak. While inconvenient, it is a clinically important measurement. Not following these instructions will impact your test results.*



**6 BEFORE YOU GO TO SLEEP:** Using a ballpoint pen or pencil only, write your ID# and date of collection on the label with the #3 on it. Attach the label to the tube. Place a low level light, a glass of water, a ballpoint pen or pencil, and your collection tube near your bedside. Set your alarm clock to awaken you any time between 0:00 and 1:00 AM.

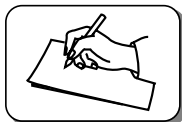


**IMPORTANT:** Do not turn on a bright light when you wake for your final collection. A bright light will cause your melatonin level to drop. Use the lowest light possible.

**7** Upon awakening, turn on a low level light, take a drink of water, swish it throughout your mouth, and swallow or spit out the water.



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



**9** Tightly cap collection tube, write the time of collection on the tube, and freeze immediately. Sample must be frozen a minimum of 2 hours prior to shipping. Keep sample frozen until ready to ship.

**10 Required:** Complete all patient information on the Requisition. Enter date in box labeled "Date Final Sample Collected" before returning the specimens.

## Shipping

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