

CHECKLIST (PRIOR TO SHIPPING)

1. All Tubes

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

2. Tubes

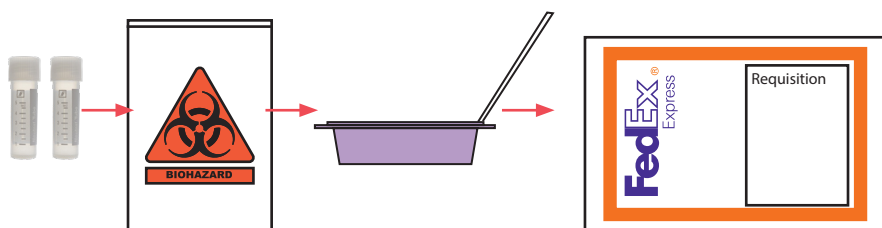
- ☐ All Tubes - frozen

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 or pay online at www.gdx.net/prc

4. Return to the Laboratory

- ☐ Please place samples in biohazard bag, then place biohazard bag in clamshell container. Place container in mailing envelope with requisition. No need to send plastic tray.



SHIP THE SPECIMEN(S) TO THE LAB

Please refer to the shipping instruction insert found in your kit box.



Call 800.522.4762 or visit our website at www.gdx.net

ADRENOCORTEX STRESS PROFILE

PATIENT SALIVA COLLECTION INSTRUCTIONS



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

Adrenocortex Stress Profile (ASP) #4300

Add-on
Cortisol Awakening Response (CAR)* #4309

** Not available in New York*



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 start/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
- Prepaid mailing envelope

Collection Materials for Saliva



2 Blue-top
Collection tubes



4 White-top
Collection tubes

IMPORTANT PREP PRIOR TO TESTING

IMPORTANT:

The sample collection times must be strictly followed to provide your clinician with the most accurate results.

❑ Consider waking at 6am on day of collection.

❑ The following drugs and supplements may influence hormone levels reported in this test: ketoconazole, clomiphene, phenytoin, steroids, and DHEA supplementation. Let your physician know about these and any other medications and supplements you have used in the past 3 months. Do not change or discontinue medications unless instructed to do so by your healthcare provider

IMPORTANT:

❑ It is important that you collect saliva during the specified time frame.

❑ If you have difficulty producing enough saliva:

- Rinse your mouth with water and spit out completely
- Press the tip of your tongue to the roof of your mouth against your teeth

- Think of sour foods, such as lemons
- Yawning can also generate saliva

ONE HOUR BEFORE COLLECTION:

❑ Do not eat or drink anything except water one hour prior to each collection. Remove all lip balm and lipstick

1

For full details refer to: 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.

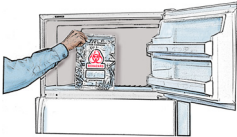



Collecting Your Saliva Samples:

2 Fill tube with saliva to designated level, without bubbles or mucus, within 5 minutes. 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.

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.



Please refer to your requisition for the testing option ordered by your clinician. Pay close attention to the collection times and amount of saliva required. Failure to do so may cause samples to be rejected or alter results.

Adrenocortex Stress Profile: Labels 1, 2, 3, 4

Adrenocortex Stress Profile with Cortisol Awakening Response: Labels 1, 2, 3, 4, 5, 6

SPECIMEN COLLECTION CHART		
SPECIMEN INTERVALS	ASP	ASP w/ CAR
WAKING Collect immediately upon waking		1 ml 
30 MINUTES Collect 30 minutes from end of waking collection		1 ml 
Collect Between 7:00AM – 9:00AM	3 ml 	3 ml 
Collect Between 11:00AM – 1:00PM	3 ml 	3 ml 
Collect Between 3:00PM – 5:00PM	3 ml 	3 ml 
Collect Between 10:00PM – 12:00AM	3 ml 	3 ml 