

CHECKLIST (PRIOR TO SHIPPING)

1. White-top cup

LABEL

- Patient's first/last name
- Date of birth
- Date of collection
- The specimen does not exceed the FILL LINES
- Cup is tightly closed
- Refrigerated

2. Envelope with buccal swabs (if collecting for Genomic add-ons)

LABEL

- Patient's First/Last Name
- Date of Collection

3. Test Requisition Form with payment

- Test Requisition Form is complete

LABEL:

- Patient's first/last name
- Date of birth
- Gender
- Date of collection
- Total urine volume
- Payment is included

SHIP THE SPECIMEN TO THE LAB

Specimen(s) must be returned in the Genova Diagnostics kit box.

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

URINE, FIRST MORNING VOID (FMV) COLLECTION INSTRUCTIONS #75 PATIENT URINE & BUCCAL SWAB COLLECTION INSTRUCTIONS

URINARY HORMONES ENDOCRINOLOGY

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

Complete Hormones™ Essential Estrogens™

Add-ons available

- Triiodothyronine, T3
- Cortisol, Free
- Genomics a-la-carte SNPs
 - › MTHFR
 - › COMT
 - › VDR
 - › CYP-1B1



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

White-top Cup



Please provide:

- Patient's Date of Birth

Specimen

120 ml sample of urine
Buccal Swab

(only for Genomics add-ons)

Shipping Materials

- Glove
- Biohazard bag with absorbent material
- Test Requisition Form
- Collection label
- Questionnaire
- Prepaid mailing envelope

Collection Materials for Urine



White-top cup



Collection cup
(no lid)

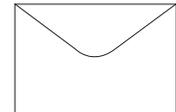


Pipette

Collection Materials for Buccal Swab



Cotton Swabs
and package



Letter envelope

IMPORTANT THINGS TO KNOW AND CONSIDER

- Synthetic hormones** will not show up on the test and conjugated equine estrogens will show up mostly as estrone.
- Abnormal kidney function** or use of diuretics may influence test results. Do not perform on individuals with kidney disorders.
- Certain medicines** may impact test results (e.g. cephalosporins, cimetidine, fibrates and trimethoprim-sulfamethoxazole). Let your physician know about your use of these medications. **Do not change** use of medications unless instructed to do so by your healthcare provider.



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

URINE COLLECTION

COLLECTION CRITERIA AND CAUTIONS

- ❑ **Premenopausal women:** If the goal is to evaluate ovulatory function, collect urine between *days 19-25* of the menstrual cycle.
- ❑ **Menopausal women:** Collect specimen on any day.
- ❑ **Women on hormone replacement therapies or oral contraceptives:** Continue dosing as usual.
- ❑ **Follow-up testing:** Collect the specimen on the same day of cycle or phase of hormone therapy as the previous sample.
- ❑ **Avoid contact** with the eyes or skin. For contact with eyes, wash for 15 minutes. For skin contact, wash thoroughly with soap

and water. Do not inhale or ingest liquid or powder.

48 HOURS BEFORE THE TEST:

48

- ❑ **Avoid** eating (whole or ground) flax seeds and sesame seeds for at least 48 hours before urine collection begins.

DAY BEFORE THE TEST:

24

- ❑ **Avoid** over hydration. Aim for average overall fluid intake of 1/2 oz water/fluid per pound of body weight per day. Example: 130 lbs -65 oz. (eight 8 oz. glasses).

Before collecting your specimen, refer to the shipping instructions to determine what day you can ship. Ship only Monday through Friday and **within 48 hours after final collection.**

- 1 IMPORTANT: To ensure accurate test results you MUST provide the requested information on the labels and the requisition. See checklist on back.**

- 2 If you wake up to urinate during the night** (within six hours of waking), **collect** with the provided collection cup, or a clean, disposable container, and refrigerate it.

- 3** Upon waking **collect** your urine into the same cup/container. **Fill** the cup/container and, pass any additional urine into the toilet.

- 4** **Open** the white-top cup. **Pour** urine from the collection cup into the white-top cup to approximately the 100ml mark, and then **use** the pipette to reach the 120ml mark. **Screw** the white top on the cup tightly to avoid leakage and shake to mix thoroughly.

- 5** **Discard** the remaining urine, collection cup, pipette, and glove.

- 6** **Place** the white-top cup into the biohazard bag and **refrigerate** until ready to ship.

- 7** **Ship within 48 hours after collection.**



BUCCAL SWAB COLLECTION (ONLY FOR GENOMICS ADD-ON TESTING)

NIGHT BEFORE COLLECTION:



MORNING OF COLLECTION:

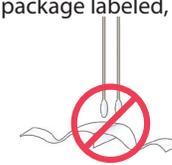


- ❑ Use your normal nightly routine of brushing and flossing of teeth, but do not use mouthwash.

- ❑ Specimen must be collected immediately upon rising. Do not practice normal oral hygiene routine, do not eat or drink **ANYTHING OTHER THAN WATER.**
- ❑ Just prior to collection, wash hands completely with hand soap.

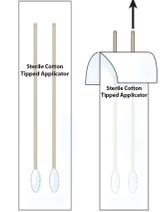
For full details refer to: www.gdx.net/tests/prep

- 1** **Keeping the packet intact, peel** open the package labeled, "Sterile Cotton Tipped Applicator." **Only peel back the package far enough to remove the cotton swab applicator.**



- 2** **Remove** one applicator. *Avoid contact with the cotton tip.*

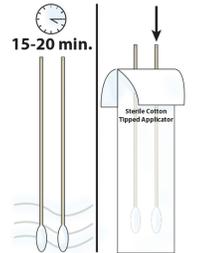
- 3** **Open** your mouth widely and insert applicator. For at least 30 seconds, **aggressively scrape** the inside of both cheeks using a back and forth, and up and down motion. **Rotate** the applicator several times, and **swab** between the cheek and gums. **Avoid** excessive saliva.



Note: Unless a sufficient amount of cheek cells DNA is collected, a recollection will be required.

REPEAT FIGURES 1 - 3 WITH SECOND SWAB

- 4** **Allow** swabs to air dry for 15-20 minutes, then replace them (swab first) into the swab applicator package.



- 5** **Print** Full name and collection date on specimen collection label. **Place** the specimen collection label on the envelope.

- 6** **Insert** swab applicator package into the letter envelope and seal. Be sure to ship with urine sample.

