

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
- All the tubes are **tightly closed**

2. Tubes

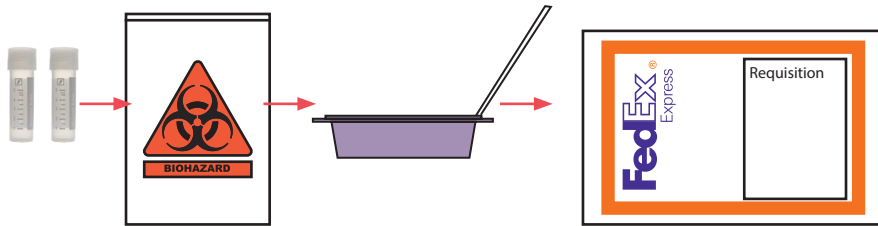
- All Tubes - frozen

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

ENDOSELECT- SALIVARY

PATIENT SALIVA COLLECTION INSTRUCTIONS



EndoSelect - Salivary
EndoSelect - Salivary - NY

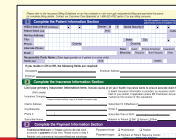
#4119
#4120

Individual salivary markers can be collected using these instructions



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 (4)
- Prepaid mailing envelope

Collection Materials for Saliva



4 White-top 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.
- 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



IMPORTANT:

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 healthcare provider.



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

COLLECTION

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

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

Collecting Your Saliva Samples:

- Fill tube with saliva to designated level, without bubbles or mucus, within 5 minutes. **Replace** the cap tightly to avoid leakage.



- 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.

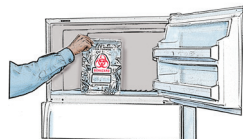
NAME: _____ **1**
 D.O.B.: ____/____/____ DATE: _____
 START TIME: _____
 STOP TIME: _____



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



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



Clinicians - Please fill-out the circle for the specimens you want the patient to collect. Only a single result per checkmark is available.

Tube #1	7am - 9am	<input type="radio"/> Estradiol, Salivary <input type="radio"/> Estriol, Salivary* <input type="radio"/> Estrone, Salivary* <input type="radio"/> Testosterone, Salivary <input type="radio"/> Progesterone, Salivary <input type="radio"/> DHEA, Salivary <input type="radio"/> Cortisol	3ml
Tube #2	11am - 1pm	<input type="radio"/> Cortisol	3ml
Tube #3	3pm - 5pm	<input type="radio"/> Cortisol	3ml
Tube #4	10pm - 12am	<input type="radio"/> Cortisol	3ml

*Not available in New York State