

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

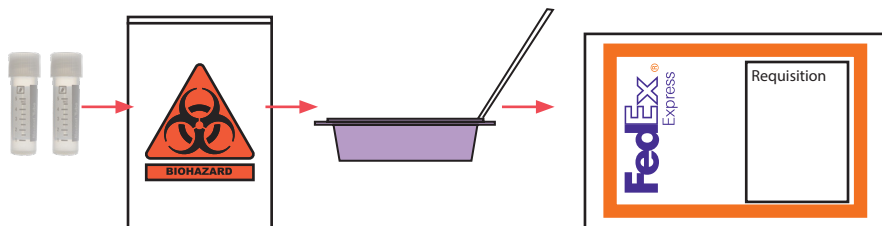
- ☐ All Tubes - frozen

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

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MENOPAUSE PLUS PROFILE

PATIENT SALIVA COLLECTION INSTRUCTIONS



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

Menopause Plus™* #4100

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.

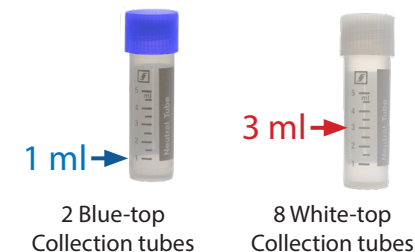
Specimen

Saliva

Additional Materials

- Biohazard bag with absorbent material
- Test Requisition Form
- Collection labels
- Prepaid mailing envelope

Collection Materials for Saliva



IMPORTANT PREP PRIOR TO TESTING

IMPORTANT:

- ☐ Your **collection schedule is based on the first day of your menstrual cycle** (the day menstrual blood flow begins). If you are not experiencing periods, you may start on any day. You may find it helpful to **use the enclosed collection calendar** to remind you of collection dates. .
- ☐ Consider waking at **6am on Day 6** of collection.
- ☐ 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),



IMPORTANT:

exemestane (Aromasin), Chrysin, Apigenin, Tribulus terrestris, clomiphene, antiepileptics, digoxin, oral steroids (e.g. Prednisone), cortisone cream, 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 healthcare provider.



NIGHT BEFORE COLLECTION:

- ☐ Before you go to sleep on Collection Day, place your collection tube (with a completed label) at your bedside, along with a glass of water and a low level light. Do not turn on a bright light, it will cause your melatonin level to drop.

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

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.

Menopause Plus

Labels 1-10

6 DAY 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.

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



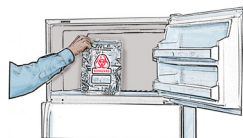
4

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.



MENOPAUSE PLUS SPECIMEN COLLECTION CHART

SPECIMEN INTERVALS	DAY 1, 3, 5 NO COLLECTION ON DAYS 2 AND 4	Day 6 MENO+	DAY 6 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 →	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 →
Collect between 2:30AM – 3:30AM		3 ml →	3 ml →