

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

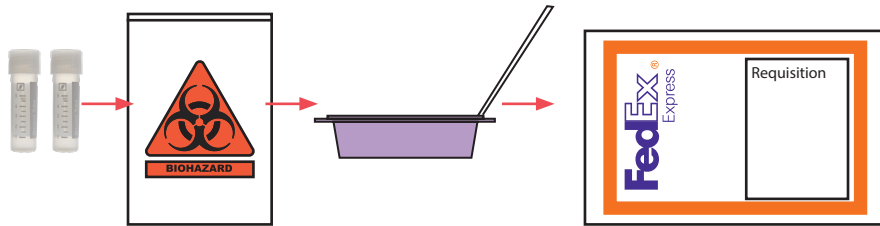
- All Tubes - frozen

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

RHYTHM PLUS PROFILE

PATIENT SALIVA COLLECTION INSTRUCTIONS



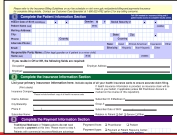

The following test(s) can be collected using these instructions:

Rhythm Plus™* #4102

**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: <ul style="list-style-type: none"><input type="checkbox"/> Patient's First/last Name<input type="checkbox"/> Date of Birth<input type="checkbox"/> Gender<input type="checkbox"/> Date of Collection		All Tubes Please Label: <ul style="list-style-type: none"><input type="checkbox"/> Patient's first/last name<input type="checkbox"/> Patient's date of birth<input type="checkbox"/> Collection date<input type="checkbox"/> Collection start/stop time
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Please read and follow instructions completely to ensure accurate results.

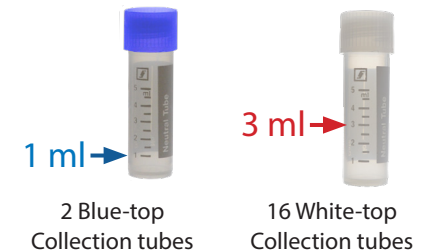
Specimen

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 last day** 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.

PLEASE USE THE 28 DAY COLLECTION CALENDAR FOR TUBES 1 -11

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.

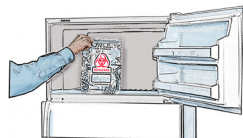
NAME: _____ **1**
 D.O.B.: ____/____/____ DATE: _____
 START TIME: _____
 STOP TIME: _____



- 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.



Adrenocortex Stress Profile

Labels 12-16

with Cortisol Awakening Response:

Labels 12-18

SPECIMEN COLLECTION CHART		
SPECIMEN INTERVALS	ASP	with 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
Collect between 2:30AM – 3:30AM	3 ml	3 ml



28 Day Collection Calendar

Your collection schedule is based on the first day of your menstrual cycle (day menstrual blood flow begins). Use this calendar to log the following dates to assist your healthcare provider with interpretation of your results: Enter onset date of **PREVIOUS** menstrual period _____; enter onset date of **CURRENT** menstrual period & all collection dates in the chart below; and onset date of **NEXT** menstrual period _____ (onset date of menstrual period following the completion of this saliva test).

**Note: this calendar is meant to serve as a guide to aid in your collection. See full kit instructions for details on acceptable specimen collection.*

Insert the days of week starting with the first day in which your menstrual cycle began. ie. **Tues, Weds, Thurs**, etc.



DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Do not collect First day of your menstrual cycle		1st Collection 7-9 AM Label #1		2nd Collection 7-9 AM Label #2		
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
3rd Collection 7-9 AM Label #3			4th Collection 7-9 AM Label #4	5th Collection 7-9 AM Label #5		6th Collection 7-9 AM Label #6
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DAY 15	DAY 16	DAY 17	DAY 18	DAY 19	DAY 20	DAY 21
	7th Collection 7-9 AM Label #7		8th Collection 7-9 AM Label #8		9th Collection 7-9 AM Label #9	
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DAY 22	DAY 23	DAY 24	DAY 25	DAY 26	DAY 27	DAY 28
	10th Collection 7-9 AM Label #10					11th Collection 7-9 AM Label #11
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:

USE THE COLLECTION SCHEDULE WITHIN THE SPECIMEN COLLECTION INSTRUCTIONS FOR DAY 29