

Collection Instructions for Bone Health Markers

Saliva Specimen

Contents: 2 "H" vials and 1 "F/L" vial for Saliva Collection.

Write your name and date of birth on all vials and on front of form.

For 3-5 days prior to day of collection and until all samples have been collected, unless your provider instructs you otherwise, avoid hormonal supplements in the form of sublingual drops under your tongue, troches or pellets. Swallow them with liquid instead.

FROM 24 HOURS BEFORE COLLECTION until after last saliva sample has been collected, avoid all hormones (regardless of form) and all topical skin care products unless otherwise directed by your provider.

Saliva Collection: F/L & H Vials

All samples must be collected on the same day starting with the Morning vial and ending with the Midnight vial.

- 1. 60 minutes before each collection:** Avoid smoking, brushing or flossing your teeth, using mouthwash, and eating or drinking anything except water.

- 2. 3-5 minutes before each collection:** Rinse mouth thoroughly with cold water for approximately 30 seconds. Wash hands prior to handling vials.
- 3. Follow schedule below** for appropriate test. Collect saliva in corresponding vial up to the 5th line from the bottom excluding foam. Take your time. Allow saliva to pool in mouth and then transfer into vial.
- 4.** Recap vial, place in ziplock bag with absorbent orange shipping pad, **REFRIGERATE** and ship all samples together as soon as possible within 3 days following the shipping instructions at the bottom of the form.

Saliva Collection Schedule:

Date collected _____

Collect saliva in the tubes at the times listed below.

List the time of last meal or snack consumed prior to each collection.

Last meal/snack

6:00am-8:00am Blue-capped **Morning/Fasting** vial 6-8hr Fast

11:00am-2:00pm Green-capped **F/L** vial _____

10:00pm-Midnight Blue-capped **Midnight** vial _____

Cap tubes tightly and refrigerate until mailing. Return all vials.

Urine Specimen

Content: 1 Urine Collection Kit: Use for BHP & DPD

Please follow enclosed collection instructions.

Refrigerate all samples until shipment. Ship all samples together as soon as possible within 3 days.

Date collected: _____ **Time collected:** _____

Check one: _____ **1st Urination** or _____ **2nd Urination**

Date mailed: _____

PLEASE FILL CIRCLE IF

- ☐ **You have gingivitis or bleeding gums.**
- ☐ **Not on regular wake(day)/sleep(night) schedule.**

IMPORTANT! Consult your physician if you are using any topical or injectable hormone preparation. If continued use is necessary, please include type, daily dose and date/time used below.

Sex Hormones:	Dose / Time / Date	Steroids:	Dose / Time / Date
<input type="checkbox"/> Progesterone	____/____/____	<input type="checkbox"/> Cortaid Cream	____/____/____
<input type="checkbox"/> Estrogens	____/____/____	<input type="checkbox"/> Hydrocortisone	____/____/____
<input type="checkbox"/> Testosterone	____/____/____	<input type="checkbox"/> Steroid Inhaler	____/____/____
<input type="checkbox"/> DHEA	____/____/____	<input type="checkbox"/> Other Steroid Meds	____/____/____
Psychotropic Drugs:		Other Drugs:	
<input type="checkbox"/> Antidepressants	____/____/____	<input type="checkbox"/> Cold Medications	____/____/____
<input type="checkbox"/> Anti-anxiety Meds	____/____/____	<input type="checkbox"/> Adrenal Glandulars	____/____/____

Patient Remarks:

STORAGE & MAILING INSTRUCTIONS FOR ALL SPECIMENS

- ☐ Ship samples on same day as last sample collection (preferred). If not, refrigerate samples; ship within 3 days.
- ☐ Write name, address, gender, birth date and collection date on requisition form.
- ☐ Write name and date of birth on all vials.
- ☐ Be sure required test orders are marked on the form. If not, please contact your provider for test orders.
- ☐ Include payment check or credit card information and copy of Medicare or insurance card if applicable.
- ☐ Place vials, requisition (test) form and payment into kit box.
- ☐ **US Domestic:** Tuck front flap into box and seal with UPS mailing label (included in box). Place label within dashed lines and adhere over front edge. Please send from your most convenient UPS location. • **www.UPS.com/dropoff** • **800.742.5877** •
- ☐ **International:** Delivery charges still apply. International deliveries should be addressed to the physical address only, which is noted above. Do not address to the PO Box. Deliveries can be made Monday through Friday via a private courier of your choice.

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