

Saliva Specimens

For any saliva tests, collect all 5 vials

Content: 4 H vials and 1 Green Top F/L vial for saliva collection.
Write your name and date of birth on all vials and on front of form.

3-5 days prior to collection: 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.

The entire day before collection and throughout the day of collection: Avoid all hormones (regardless of form), and all topical skin care products unless directed otherwise by your provider. If you have any questions, please follow up with your provider. Please do not call the lab.

Saliva Collection: H Vials

- 1. 60 minutes before collection:** Avoid smoking, brushing or flossing teeth, using mouthwash, and eating or drinking anything except water.
- 2. 3-5 minutes before collection:** Rinse mouth thoroughly with cold water for 30 seconds. Wash hands prior to handling vials.
- Follow schedule below for appropriate test. Collect saliva in corresponding vial up to the 5th line excluding foam. Take your time.
- Recap vial, place in ziplock bag, refrigerate, and ship all vials together following instructions at bottom of form.

Green Top F/L Vial: Use for FSH & LH tests only

Collect saliva directly into Green Top F/L Vial to fill vial up to the 2nd line. Collect Green Top Vial at least one hour away from all other vials. A mid-day collection is preferred. Refrigerate until mailing.

Collection Schedule: Date I Collected: _____

All samples must be collected on the same day starting with the morning H vial and ending with the midnight H vial:

Morning/Fasting 6:00-8:00 AM	6-8 Hour Fast	Fill in
Noon 11:00-1:00 PM	Last Meal or Snack _____	am/pm
Afternoon 4:00-5:00 PM	Last Meal or Snack _____	am/pm
Midnight 10:00-12:00 AM	Last Meal or Snack _____	am/pm

Unless your provider instructs you otherwise, eat 75g of carbohydrates about 60 minutes before noon sample collection. For food choices, visit www.diagnostechs.com and select **Patients -> Download Forms -> Carbohydrate Stimulation Test.**

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 such as progesterone, estrogen, testosterone, DHEA, etc. This includes creams, gels, oils, patches or injectables. Your hormone results may not reflect a true baseline for three weeks to three months or longer following discontinuation. If continued use is necessary, please include dose below.

Sex Hormones:	dose	Steroids:	dose
<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	dose	Other Drugs:	dose
<input type="checkbox"/> Antidepressants	_____	<input type="checkbox"/> Cold Medications	_____
<input type="checkbox"/> Anti-anxiety Meds	_____	<input type="checkbox"/> Adrenal Glandulars	_____

RETURN SALIVA AND STOOL TOGETHER - DO NOT SHIP SEPARATELY

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.

Fecal Specimens

For any stool tests, collect all 3 vials

Content: 2 "B" Vials & 1 "A" Vial.
Write your name and date of birth on all vials and on front of form.

Please do not discard fluid in vials and **do not switch labels.**

Please schedule sample collection so that you can ship on a Monday or Tuesday to ensure we receive your samples prior to the weekend.

Avoid the following prior to collection:

- Bulk laxatives, osmotic or stimulant laxatives, vitamin C, heme iron, rare red meat, and peroxidase containing foods (broccoli, cauliflower, radishes, parsnips, turnips, grapefruit, figs, horseradish, cantaloupe, and kale) for 3 days.
- Antacids, bismuth compounds, mineral oil, castor oil, activated charcoal, bentonite clay, enemas, and colonics for 1 week.
- Antifungal and antimicrobial medications or herbs for 2 weeks.

To collect stools - Use Diagram Below:

Refrigerate all samples. Please mail within 2-3 days of last sample collection

1st Collection - "B" Vial: Stretch a plastic wrap across toilet bowl or use a plastic container to catch stool. Then collect stool in one of the B vials.

2nd Collection - 2nd "B" Vial and "A" Vial: 2-3 days later, perform a fresh stool collection for the remaining "B" and "A" vials.

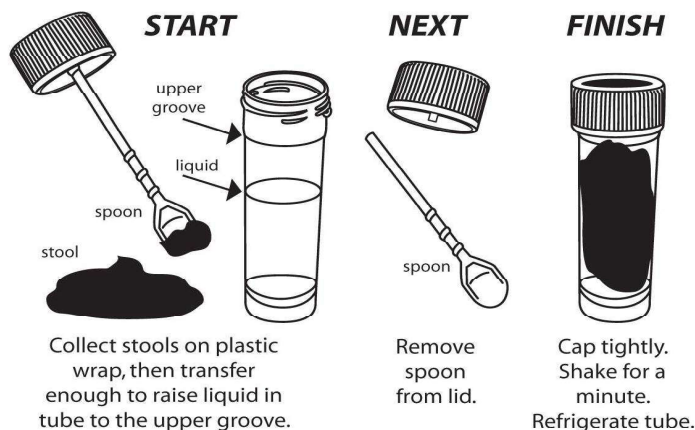
Date 1st Sample (B Vial) Collected: _____

Date 2nd Sample (A Vial & 2nd B Vial) Collected: _____

Refrigerate all samples until mailing
PLEASE DO NOT freeze stool collections

Stool Collection Diagram for A & B Tubes

*Avoid urine and water contamination of stool samples.



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