Call 800.522.4762 or visit our website at www.gdx.net

**SHIPPING INSTRUCTIONS**

**SHIP THE SPECIMEN(S) TO THE LAB**

**Please refer to the shipping instruction insert found in your kit box.**

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**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
   - All the tubes are tightly closed
   - *3 ml – White-top tubes
   - *1 ml – Blue-top tubes

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.

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**ADRENOCORTEX STRESS PROFILE WITH CORTISOL AWAKENING RESPONSE**

**PATIENT SALIVA COLLECTION INSTRUCTIONS**

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

- Cortisol Awakening Response (CAR)* #4307
- Adrenocortex Stress Profile (ASP)* #4300
- Adrenocortex Stress Profile with Cortisol Awakening Response* #4308

*Not available in New York

**Please read and follow instructions completely to ensure accurate results.**

**Test may not be processed without this information.**

**Test Requisition Form**

<table>
<thead>
<tr>
<th>Please Provide:</th>
</tr>
</thead>
</table>
| Patient’s First/last Name
| Date of Birth
| Gender
| Date of Collection

<table>
<thead>
<tr>
<th>All Tubes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Label:</td>
</tr>
</tbody>
</table>
| Patient’s first/last name
| Patient’s date of birth
| Collection date
| Collection start/stop time

**Specimen**

Saliva

**Collection Materials for Saliva**

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

- 1 ml → Blue-top Collection tubes
- 3 ml → White-top Collection tubes

**Collection Materials for Saliva**

- 2 Blue-top Collection tubes
- 4 White-top Collection tubes

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IMPORTANT PREP PRIOR TO TESTING

The sample collection times must be strictly followed to provide your clinician with the most accurate results.

- Consider waking at **6am** on day of collection.

**IMPORTANT:**

- The following drugs and supplements may influence hormone levels reported in this test: ketoconazole, clomiphene, phenytoin, steroids, and DHEA supplementation. Let your physician know about these and any other medications and supplements you have used in the past 3 months. Do not change or discontinue medications unless instructed to do so by your healthcare provider.

**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.

2. 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.

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.

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.

**One Hour Before Collection:**

- Think of sour foods, such as lemons
- Yawning can also generate saliva

- Do not eat or drink anything except water one hour prior to each collection. Remove all lip balm and lipstick

For full details refer to: [www.gdx.net/tests/prep](http://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.**

<table>
<thead>
<tr>
<th>Cortisol Awakening Response:</th>
<th>Adrenocortex Stress Profile:</th>
<th>Adrenocortex Stress Profile with Cortisol Awakening Response:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labels 1, 2, 3, 4</td>
<td>Labels 1, 2, 3, 4</td>
<td>Labels 1, 2, 3, 4, 5, 6</td>
</tr>
</tbody>
</table>

**SPECIMEN COLLECTION CHART**

<table>
<thead>
<tr>
<th>SPECIMEN INTERVALS</th>
<th>CAR</th>
<th>ASP</th>
<th>ASP w/ CAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAKING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collect immediately upon waking</td>
<td>1 ml</td>
<td></td>
<td>1 ml</td>
</tr>
<tr>
<td>30 MINUTES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collect 30 minutes from end of waking collection</td>
<td>1 ml-</td>
<td></td>
<td>1 ml-</td>
</tr>
<tr>
<td>Collect Between</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00AM – 9:00AM</td>
<td>3 ml-</td>
<td></td>
<td>3 ml-</td>
</tr>
<tr>
<td>11:00AM – 1:00PM</td>
<td>3 ml-</td>
<td></td>
<td>3 ml-</td>
</tr>
<tr>
<td>3:00PM – 5:00PM</td>
<td>3 ml-</td>
<td></td>
<td>3 ml-</td>
</tr>
<tr>
<td>10:00PM – 12:00AM</td>
<td>3 ml-</td>
<td></td>
<td>3 ml-</td>
</tr>
</tbody>
</table>

**NAME:**

**D.O.B.:** __/__/____

**DATE:** _____________

**START TIME:**

**STOP TIME:**