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

**NutrEval® FMV Amino Acids**  #3000

Add-ons available
- Vitamin D   #3532
- Genomics a-la-carte SNPs
  - ApoE   #5112
  - MFTHR   #5111
  - COMT   #5106
  - TNF-α   #5106

*Not available in New York*

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**KIT LABEL SHEET**

Write on each label
- Patient’s Date of Birth
- All TUBES
- Front upper right hand corner of the Test Requisition
- Genomics envelope

**TEST REQUISITION FORM**

Please fill out:
- Patient’s First/Last name
- Date of Birth
- Gender
- Date of Collection

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**Specimen**

**Urine** (per instructions), frozen

**Saliva** (only for Genomics add-ons)

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**Collection Materials for Urine**

- Green-top Preservative Tube
- Blue-top Amber Tube
- Green-top Urine Tube
- Pipette

**Collection Materials for Saliva**

- Cotton Swabs and Package
- Envelope
IMPORTANT: To ensure accurate test results you MUST provide the requested information.

Label all tubes with the patient’s date of birth. Do not discard tube fluid.

Write patient’s first and last name, date of birth, gender and date of collection on the Test Requisition Form.

Consider collecting urine 24 hours prior to blood collection to allow enough time for urine to freeze completely.

If you wake up to urinate during the night (within six hours of waking) collect that urine into a sterile collection container or a clean, disposable container and refrigerate it. Upon waking, collect your urine into the same container. Fill the container, and pass any additional urine into the toilet.

Use the pipette to transfer urine from the collection container into the Green-top Preservative Tube, Blue-top Amber Tube, and Green-top Urine Tube until all are nearly full.

Recap the tubes tightly and shake.

Place the tubes into the biohazard bag labeled BAG ONE and freeze for a minimum of 2 hours. Bring frozen urine to the blood draw. Some thawing in transit is expected.

URINE COLLECTION

24 HOURS BEFORE THE TEST:

- Eat usual diet, but avoid over-consuming any single food or extreme diet
- Fluid intakes should be limited to eight (8) 8-ounce glasses of fluid over a 24 hour period

NIGHT BEFORE THE TEST:

- You must fast overnight prior to your blood draw

MORNING OF COLLECTION:

- Avoid contact with the skin and eyes. For eye contact, flush with water thoroughly for 15 minutes. For skin contact, wash thoroughly with soap and water. If ingested, contact poison control center immediately.
- Collect and return specimen to your clinician on morning of blood draw
- Females should not collect urine during a menstrual period

SALIVA COLLECTION (ONLY FOR GENOMICS ADD-ON TESTING)

NIGHT BEFORE COLLECTION:

- Specimen must be collected immediately upon rising. Do not practice normal oral hygiene routine, do not eat or drink anything other than water.
- Just prior to collection, wash hands completely with hand soap

MORNING OF COLLECTION:

- Use your normal nightly routine of brushing and flossing of teeth, but do not use mouthwash

For full details refer to: www.gdx.net/tests/prep

1 Keep the packet intact, peel open the package labeled, “Sterile Cotton Tipped Applicator” Only peel back the package far enough to remove the cotton swab applicator.

2 Remove one applicator. Avoid contact with the cotton tip.

3 Open your mouth widely and insert applicator. For at least 30 seconds, aggressively scrape the inside of your cheek using a back and forth, and up and down motion. Rotate the applicator several times, and swab between the cheek and gums. Avoid excessive saliva.

Note: Follow these instructions carefully to ensure the swab collects a sufficient amount of cheek cells. If there is not enough DNA collected on the applicator, a recollection will be required.

REPEAT FIGURES 2 - 3 WITH SECOND SWAB

4 Allow swabs to air dry for 15-20 minutes, then replace them (swab first) into the swab applicator package.

5 Print Full name, collection date, and date of birth on specimen collection label. Place the specimen collection label on the envelope.

6 Insert swab applicator package into the letter envelope and seal. Deliver the envelope, along with the frozen bag containing urine sample, to your healthcare provider’s office.