ONE DAY HORMONE CHECK WITH CORTISOL AWAKENING RESPONSE

PATIENT SALIVA COLLECTION INSTRUCTIONS

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

- One Day Hormone Check™ * #4006 with
- Cortisol Awakening Response (CAR)* #4307
- Adrenocortex Stress Profile (ASP)* #4300
- Adrenocortex Stress Profile with Cortisol Awakening Response* #4308

* Not available in New York

Test may not be processed without this information:

- Test Requisition Form All Tubes

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

- 2 Blue-top Collection tubes
- 5 White-top Collection tubes
- 1 ml – Blue-top tube
- 3 ml – White-top tube

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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

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.
IMPORTANT PREP PRIOR TO TESTING

- It is important that you collect saliva according to the Collection Schedule below. All samples must be collected within one day.
- Consider waking at 6am on 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), 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.

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.

Collecting Your Saliva Samples:

2 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.

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.

IMPORTANT:

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.

Cortisol Awakening Response: Labels 1, 2, 3, 4, 5, 6
Adrenocortex Stress Profile: Labels 1, 2, 3, 4, 5
Adrenocortex Stress Profile with Cortisol Awakening Response: Labels 1, 2, 3, 4, 5, 6, 7

ONE DAY HORMONE CHECK SPECIMEN COLLECTION CHART

<table>
<thead>
<tr>
<th>SPECIMEN INTERVALS</th>
<th>with CAR</th>
<th>with ASP</th>
<th>with 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>1 ml</td>
<td></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>1 ml</td>
<td></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>3 ml</td>
<td>3 ml</td>
</tr>
<tr>
<td>Collect Between</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00AM – 1:00PM</td>
<td>3 ml</td>
<td>3 ml</td>
<td>3 ml</td>
</tr>
<tr>
<td>Collect Between</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00PM – 5:00PM</td>
<td>3 ml</td>
<td>3 ml</td>
<td>3 ml</td>
</tr>
<tr>
<td>Collect Between</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00PM – 12:00AM</td>
<td>3 ml</td>
<td>3 ml</td>
<td>3 ml</td>
</tr>
<tr>
<td>Collect between</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:30AM - 3:30AM</td>
<td>3 ml</td>
<td>3 ml</td>
<td>3 ml</td>
</tr>
</tbody>
</table>

NAME: ___________________________ D.O.B.:____ /____ /______ DATE: _____________
START TIME: ___________ STOP TIME: ___________