

## 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
  - **3 ml** – White-top tubes
  - **1 ml** – Blue-top 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

### 4. Return to the Laboratory

- Please place frozen samples in biohazard bag, seal the bag and place in the in shipping box.

## SHIP THE SPECIMEN(S) TO THE LAB

Please refer to the shipping instruction insert found in your specimen collection pack.



Call 020.8336.7750 or visit our website at [www.gdx.net/uk](http://www.gdx.net/uk)

## SALIVARY CORTISOL PROFILES COLLECTION INSTRUCTIONS



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

**Adrenal Stress Profile (ASP) #END01**



Test may not be processed without this information:

### Test Requisition Form



#### Please Provide:

- Patient's First/last Name
- Date of Birth
- Gender
- Date of Collection

#### All Tubes Please Label:

- Patient's First and Last Name
- Patient's Date of Birth
- Date of Collection
- Collection Start/Stop Time



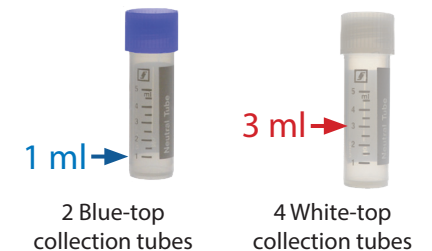
### Specimen

Saliva

### Additional Materials

- Biohazard bag with absorbent material
- Test Requisition Form
- Collection labels
- Shipping box

### Collection Materials for Saliva



## IMPORTANT PREP PRIOR TO TESTING

### IMPORTANT:

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.

**All collections must happen on the SAME day**

❑ 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.

### Collecting Your Saliva Samples:

**2** Fill tube with saliva to designated level, without bubbles or mucus. **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.

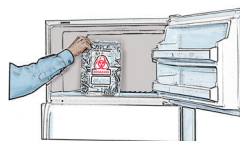
NAME: _____	<b>1</b>
D.O.B.: ____/____/____ DATE: _____	
START TIME: _____	
STOP TIME: _____	



**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.



If you make a mistake or need to restart collecting the samples, please carefully rinse the tube(s) with cooled boiled water only, and allow them to dry naturally.

### IMPORTANT:

❑ It is important that you collect saliva during the specified time frame.

❑ If you have difficulty producing enough saliva:

- Rinse your mouth with water and spit out completely
- Press the tip of your tongue to the roof of your mouth against your teeth

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

### ONE HOUR BEFORE COLLECTION:

1

❑ 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.

Adrenal Stress Profile:

Labels 3, 4, 5, 6

Adrenal Stress Profile with CAR:

Labels 1, 2, 3, 4, 5, 6

Collection for samples #1 and #2 must not exceed 5 minutes.

SPECIMEN COLLECTION CHART		
SPECIMEN INTERVALS All SigA testing is performed from vial 3	ASP	If you have selected the CAR add-on, please use all 6 tubes
<b>WAKING (USE LABEL #1)</b> Collect immediately upon waking		1 ml →
<b>30 MINUTES (USE LABEL #2)</b> Collect 30 minutes from end of waking collection		1 ml →
Collect Between <b>7:00AM – 9:00AM (USE LABEL #3)</b>	3 ml →	3 ml →
Collect Between <b>11:00AM – 1:00PM (USE LABEL #4)</b>	3 ml →	3 ml →
Collect Between <b>3:00PM – 5:00PM (USE LABEL #5)</b>	3 ml →	3 ml →
Collect Between <b>10:00PM – 12:00AM (USE LABEL #6)</b>	3 ml →	3 ml →