

## SALIVA SPECIMEN COLLECTION CHART

SPECIMEN INTERVALS	
Collect Between <b>7:00AM – 9:00AM</b>	3 ml
Collect Between <b>11:00AM – 1:00PM</b>	3 ml
Collect Between <b>3:00PM – 5:00PM</b>	3 ml
Collect Between <b>10:00PM – 12:00AM</b>	3 ml

1. Place biohazard bags with tubes, frozen freezer brick, and absorbent material in shipping box.

### RETURN CHECKLIST

- **FROZEN BLUE-TOP AMBER URINE TUBE** and **CLEAR TOP URINE TUBE** with **patient's full name** and **date of collection**
- **4 WHITE-TOP SALIVA TUBES** **patient's first and last name, date of birth,** and the **start and stop collection times**
- **TEST REQUISITION** with **patient's first and last name, date of birth, gender,** and **dates of collection**

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

Specimen(s) must be returned in the shipping box.

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



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

## Chronic Fatigue Screen Urine/Saliva Collection Instructions

For Test #MET03

### START HERE

Test prep, FAQs, and the collection video can be found at

[www.gdx.net/uk/tests/prep/nutreval-fmv](http://www.gdx.net/uk/tests/prep/nutreval-fmv)

**Shipping Notice:** The 1-day collection can be done at your home. Ideally, finish collection and ship on **Monday through Thursday**. UK holidays can affect shipping times.



### COLLECTION MATERIALS - KEEP OUTER BOX FOR SHIPPING TO LAB

URINE COLLECTION			SALIVA COLLECTION
BLUE-TOP AMBER TUBE	CLEAR-TOP TUBE	PEECANTER® URINE COLLECTION CUP	WHITE-TOP TUBES (4)

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• FREEZER BRICK</li> <li>• ABSORBENT PAD</li> <li>• BIOHAZARD BAG</li> </ul> | <ul style="list-style-type: none"> <li>• COLLECTION LABELS</li> <li>• TEST REQUISITION FORM</li> <li>• SHIPPING BOX</li> </ul> | <ul style="list-style-type: none"> <li>• POLYTHENE GLOVE</li> <li>• PIPETTE</li> </ul> |
|---|--|--|




### TEST REQUISITION FORM

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





### IMPORTANT PREP PRIOR TO URINE TESTING

 <b>Abnormal kidney</b> function or use of diuretics may influence test results	 <b>Do not collect</b> if there is blood in urine, including menstrual or other blood	 <b>Medications</b> <b>Check</b> with your clinician whether it is necessary to discontinue medications/supplements
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**Important Prep** continues on Page Two



VERY IMPORTANT		4 DAYS BEFORE THE TEST	
	Valproic acid, acetaminophen and berberine HCl are direct assay interferants for certain analytes.		Some clinicians choose to <b>discontinue</b> non-essential nutritional supplements to get a "baseline" reading
			Some clinicians choose to <b>continue</b> nutritional supplementation to assess the efficacy of treatments

### THE DAY BEFORE THE URINE COLLECTION

			
<b>Eat usual diet</b> avoid over-eating any single food or extreme diet	<b>Limit to 1.5 litres glasses of fluid</b> over 24 hours before collection	<b>Freeze</b> the freezer brick overnight	<b>Fast overnight</b> prior to urine collection - water is okay

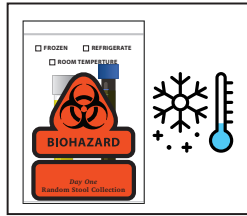
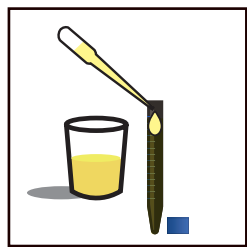
### IMPORTANT PREP PRIOR TO SALIVA TESTING

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

		<b>ONE HOUR PRIOR TO COLLECTION</b>
<b>The sample collection times must be strictly followed</b> to provide your clinician with the most accurate results. <b>Consider waking at 6am on day of collection.</b>	It is important that <b>you collect saliva</b> during the specified time frame. If you <b>have difficulty</b> producing enough saliva: <b>Rinse</b> your mouth with water and spit out <b>Press</b> the tip of your tongue to the roof of your mouth against your teeth <b>Think</b> of sour foods, such as lemons <b>Yawning</b> can also generate saliva	<b>Do not eat or drink</b> anything except water one hour prior to each collection. <b>Remove</b> all lip balm and lipstick.

### URINE COLLECTION

- Place** the label on the tube. **Make sure** patients full name and collection date is filled out.
- If you wake up during the night**, within 6 hours of your morning urination, **collect** that urine into the provided Peecontainer – and **refrigerate** it. Upon waking in the morning, **collect** your urine **into the same container**.
- Use** the pipette to **transfer** urine from the Peecontainer into the **blue-top amber tube** and the **clear tube** until nearly full. *The blue topped tube contains a small volume of thymol. **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.*
- Recap** the tube tightly and **shake**.
- Place** the tubes into the biohazard bag and **freeze** for a minimum of 2 hours.



### SALIVA COLLECTION

- Fill** tube with saliva to 3ml mark, without bubbles or mucus. **Replace** the cap tightly to avoid leakage.
- 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: \_\_\_\_\_ **1**  
 D.O.B.: \_\_\_/\_\_\_/\_\_\_ DATE:  
 START TIME: \_\_\_\_\_  
 STOP TIME: \_\_\_\_\_



Please refer to the packing label within the shipping box for further instructions.

- 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. **(See Chart on Page 4)**

