

1 H Saliva Vial is used when collecting for the following tests: MB2-S, FI-1, 2, 3, 4

Write your name and date of birth on all vials and on front of form.

3-5 DAYS PRIOR TO COLLECTION avoid supplemental hormone intake in the form of sublingual drops, troches or pellets. Swallow them with liquid instead.

FROM 24 HOURS BEFORE COLLECTION until after last saliva sample has been collected: Avoid sublingual drops, troches or pellets.

Unless instructed otherwise, patients should NOT avoid the foods that they are being tested for prior to collection.

Saliva Collection:

Collect sample at least 1 hour after a meal.

- 1. 60 MINUTES BEFORE EACH COLLECTION:** Avoid smoking, brushing or flossing your teeth, using mouthwash, and eating or drinking anything except water.
- 2. 3-5 minutes before each collection:** Rinse mouth thoroughly with cold water for approximately 30 seconds. Wash hands prior to handling vials.
- 3.** Collect saliva directly into the vial up to the third line from the bottom or at least half-full (excluding bubbles). To reduce the amount of bubbles, cap vial and place in the freezer for 2-3 minutes. Remove vial from freezer and lightly tap vial on a countertop or tabletop. This should help to settle the bubbles and enable further collection.
- 4.** After recapping vial, place in the ziplock bag with absorbent orange shipping pad, refrigerate and ship all samples together within 3 days following the shipping instructions at the bottom of the form.

Date/Time Collected: _____

Date Mailed: _____

STORAGE & MAILING INSTRUCTIONS FOR ALL SPECIMENS

- ☐ Ship samples on same day as last sample collection (preferred). If not, refrigerate samples; ship within 3 days.
- ☐ Write name, address, gender, birth date and collection date on requisition form.
- ☐ Write name and date of birth on all vials.
- ☐ Be sure required test orders are marked on the form. If not, please contact your provider for test orders.
- ☐ Include payment check or credit card information and copy of Medicare or insurance card if applicable.
- ☐ Place vials, requisition (test) form and payment into kit box.
- ☐ **US Domestic:** Tuck front flap into box and seal with UPS mailing label (included in box). Place label within dashed lines and adhere over front edge. Please send from your most convenient UPS location. • www.UPS.com/dropoff • 800.742.5877 •
- ☐ **International:** Delivery charges still apply. International deliveries should be addressed to the physical address only, which is noted above. Do not address to the PO Box. Deliveries can be made Monday through Friday via a private courier of your choice.

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