

Collection Instructions for Bone Health Markers

Saliva Specimen

Contents: 2 "H" vials and 1 "F/L" vial for Saliva Collection.

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

For 3-5 days prior to day of collection and until all samples have been collected, unless your provider instructs you otherwise, avoid hormonal supplements in the form of sublingual drops under your tongue, troches or pellets. Swallow them with liquid instead.

FROM 24 HOURS BEFORE COLLECTION until after last saliva sample has been collected, avoid all hormones (regardless of form) and all topical skin care products unless otherwise directed by your provider.

Saliva Collection: F/L & H Vials

All samples must be collected on the same day starting with the Morning vial and ending with the Midnight vial.

- 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. Follow schedule below** for appropriate test. Collect saliva in corresponding vial up to the 5th line from the bottom excluding foam. Take your time. Allow saliva to pool in mouth and then transfer into vial.
- 4.** Recap vial, place in ziplock bag with absorbent orange shipping pad, **REFRIGERATE** and ship all samples together as soon as possible within 3 days following the shipping instructions at the bottom of the form.

Saliva Collection Schedule:

Date collected _____

Collect saliva in the tubes at the times listed below.

List the time of last meal or snack consumed prior to each collection.

Last meal/snack

6:00am-8:00am Blue-capped **Morning/Fasting** vial 6-8hr Fast

11:00am-2:00pm Green-capped **F/L** vial _____

10:00pm-Midnight Blue-capped **Midnight** vial _____

Cap tubes tightly and refrigerate until mailing. Return all vials.

Urine Specimen

Content: 1 Urine Collection Kit: Use for BHP & DPD

Date collected: _____ **Time collected:** _____

Please follow enclosed collection instructions.

Check one: _____ **1st Urination** or _____ **2nd Urination**

Refrigerate all samples until shipment. Ship all samples together as soon as possible within 3 days.

Date mailed: _____

PLEASE FILL CIRCLE IF

- ☐ **You have gingivitis or bleeding gums.**
- ☐ **Not on regular wake(day)/sleep(night) schedule.**

IMPORTANT! Consult your physician if you are using any topical or injectable hormone preparation. If continued use is necessary, please include type, daily dose and date/time used below.

Sex Hormones:	Dose / Time / Date	Steroids:	Dose / Time / Date
☐ Progesterone	____/____/____	☐ Cortaid Cream	____/____/____
☐ Estrogens	____/____/____	☐ Hydrocortisone	____/____/____
☐ Testosterone	____/____/____	☐ Steroid Inhaler	____/____/____
☐ DHEA	____/____/____	☐ Other Steroid Meds	____/____/____
Psychotropic Drugs:		Other Drugs:	
☐ Antidepressants	____/____/____	☐ Cold Medications	____/____/____
☐ Anti-anxiety Meds	____/____/____	☐ Adrenal Glandulars	____/____/____

Patient Remarks:

STORAGE & SHIPPING 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, date of birth, and collection date on the order form.
- ☐ Write name and date of birth on all vials.
- ☐ Be sure required test orders are marked on the order form. If not, please contact your provider for test orders.
- ☐ Include payment check or credit card information and copy of Medicare Part B card if applicable.
- ☐ Place vials, order form, and payment into kit box.
- ☐ **US Domestic:** Tuck front flap into box and seal with shipping label (included in box). Place label within dashed lines and adhere over front edge of box. Please send from your most convenient shipping location.
- ☐ **International:** delivery charges will apply. Deliveries can be made Monday through Friday via a private courier of your choice.

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