Saliva Specimens

For any saliva tests, collect according to instructions below

Content: 5 H vials and 1 Green Top F/L vial for saliva collection.
Write your name and date of birth on all vials and on front of form.

3-5 days prior to collection: 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.
The entire day before collection and throughout the day of collection: Avoid all hormones (regardless of form), and all topical skin care products (i.e. anti-aging cream, moisturizers, lip balm, lipstick, etc.) unless directed otherwise by your provider. If you have any questions, please follow up with your provider. Please do not call the lab.

Saliva Collection: H Vials

All samples must be collected on same day starting with the Morning H vial and ending with the Post-Midnight H 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. Following 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 vials together as soon as possible after collection following the shipping instructions at the bottom of the form.

Green Top F/L Vial: Use for FSH & LH tests only

Collect saliva directly into Green Top F/L Vial to fill vial up to the 2nd line. Collect Green Top Vial at least one hour away from all other vials. A mid-day collection is preferred. **DO NOT POUR** saliva from the Green Top Vial into any other vial. Recap vial and refrigerate until mailing. **Return all vials together.**

Collection Schedule:

For all tests collect 5 H Vials on same day starting with the Morning H vial and ending with the Post-Midnight H vial according to schedule below. If you do not wake on the night of collection, collect your Post-Midnight sample the next night you wake from sleep between 2 - 4 AM.

		Fill in
Morning/**Fasting** ..... 6:00 - 8:00 AM	6-8 Hour Fast	
Noon .....11:00 AM - 1:00 PM	Last Meal or Snack _____am/pm	
Afternoon ..... 4:00 - 5:00 PM	Last Meal or Snack _____am/pm	
Midnight .....10:00 PM - 12:00 AM	Last Meal or Snack _____am/pm	
Post-Midnight .....2:00 - 4:00 AM		

Date I Collected _____

For Female Patients: Day of menstrual cycle sample was collected on: _____

Unless your provider instructs you otherwise, eat 75g of carbohydrates about 60 minutes before noon sample collection. Examples: 2 slices of white bread and 1 cup of orange juice and 1 small fruit, OR 1 cup of cooked oatmeal and 1 cup of apple juice and 1/4 cup dried fruit, OR 1 cup cooked pasta and 1 cup apple sauce and 15 small grapes. For additional food choices, visit **www.diagnostechs.com** and select **Patients -> Download Forms -> Carbohydrate Stimulation Test**

PLEASE FILL CIRCLE IF ○ ***You have gingivitis or bleeding gums. Please contact your provider for collection instructions.***
○ ***You are not on a regular wake (day) / sleep (night) schedule.***

IMPORTANT! Consult your physician if you are using any topical or injectable hormone preparation such as progesterone, estrogen, testosterone, DHEA, etc. This includes creams, gels, oils, patches or injectables. Your hormone results may not reflect a true baseline for three weeks to three months or longer following discontinuation. Monitoring topical or injectable hormone use with salivary testing typically yields high levels of hormones of unknown clinical significance.

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	_____/_____/_____

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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