

Collection Schedule

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

- Below are two collection schedules.
 - If your cycle is up to 32 days, choose : **AVERAGE CYCLE**
 - If your cycle is 33 to 42 days, choose: **PROLONGED CYCLE**
- Collect according to provided schedule. Always match vial number with corresponding sample.
- Each numbered vial has an allocated time span. You can collect the designated sample on **any day during its time span**. **You must start with Vial 1.** Example: Vial 1 can be collected on day 1, 2, or 3 of AVERAGE CYCLE collection schedule.

IMPORTANT! Please collect last sample on first day of next menses OR collect last sample by the last day shown above vial 11 on appropriate schedule even if menses has not begun. If you mess up your collection and must repeat on your next menstrual cycle, please retain all vials, rinse with water, air dry the vials, and start over.

☐ **Fill Circle if you have been diagnosed with gingivitis or bleeding gums.**

IMPORTANT! Date this cycle started:

MM		DD		YYYY	

Next Cycle Started:

MM		DD		YYYY	

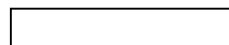
[illegible]

II. Prolonged Cycle				Fill in the days of cycle boxes and the dates (Month/Day) of collection																		
Days of Cycle	1	2	3	4 ☐	5 ☐	6 ☐	7	8 ☐	9 ☐	10 ☐	11	12	13 ☐	14 ☐	15 ☐	16 ☐	17 ☐	18	19	20 ☐	21 ☐	22
Tubes or Sample Numbers	No Collection			Vial 1				Vial 2					Vial 3			Vial 4				Vial 5		
Dates of Collection	No Collection																					

															1st Day of Next Period					
Days of Cycle	23 ☐	24 ☐	25 ☐	26 ☐	27 ☐	28 ☐	29 ☐	30 ☐	31	32 ☐	33 ☐	34 ☐	35	36	37 ☐	38 ☐	39 ☐	40 ☐	41 ☐	42 ☐
Tubes or Sample Numbers	Vial 6		Vial 7		Vial 8		Vial 9			Vial 10				Vial 11						
Dates of Collection																				

STORAGE & SHIPPING INSTRUCTIONS FOR ALL SPECIMENS

- ☐ Ship samples on day following last sample collection (preferred). If not, keep samples frozen and 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.



FHP

