

Collection Instructions: Reproductive & Sex Hormones

Contents: 1 "H" or "F/L" vial for Saliva Collection

Preparation

- * **Avoid** smoking, brushing or flossing your teeth, using mouthwash, and eating or drinking anything except water for 60 minutes before collection.
- * **For 3-5 days prior to day of 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.
- * **For 24 hours before 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.

How to Collect Saliva

- * **Write your name and date of birth on vial and on front of form.**
- * **3-5 minutes before collection,** rinse mouth thoroughly with cold water for 30 seconds. Wash hands prior to handling vials.
- * Express enough saliva to fill vial until it reaches the 4th to 5th mark from bottom, excluding any foam.
- * Take your time. Allow saliva to pool in mouth and then transfer into vial.
- * Cap vial tightly, refrigerate after collection, and ship as soon as possible within 3 days. Follow shipping instructions below.

Have you been diagnosed with gingivitis or bleeding gums? ☐ Yes ☐ No

Date Sample was Collected _____ Time _____

Was Sample Refrigerated or frozen after collection? Yes _____ No _____

Date Sample was Shipped _____

If you are using any of the following substances, or if you have taken them within the past three months, please **consult with your provider prior to collection since they may interfere with or alter certain test results.** Do not call the lab. If continued use is necessary, please indicate the type, dose, frequency, and date last taken:

Medication	Type	Dose	Frequency	Date Last Taken
Progesterone				
Estrogens				
Testosterone				
DHEA				
Other hormones (Please specify)				

IMPORTANT! If you are using any topical or injectable hormone preparation, your results may not reflect a true baseline for three weeks to three months or longer following discontinuation.

Female Patients Only

Do you have a regular cycle?..... ☐ Yes ☐ No
When was the first day of your last menstrual period? _____
Have you lost weight in the last three months?..... ☐ Yes ☐ No
Have you used hormonal birth control within the last six months?..... ☐ Yes ☐ No
If yes, please indicate type used: ☐ Pill ☐ Patch ☐ Ring ☐ Other: _____
Have you had a hysterectomy?..... ☐ Yes ☐ No
Are your ovaries intact?..... ☐ Yes ☐ No

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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