

Contents: 5 H & 1 F/L Saliva Vials and 1 Swab.

**Collect ALL 6 Saliva Vials and Swab**

**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.

**PLEASE FILL CIRCLE IF YOU**

- ☐ **Have gingivitis or bleeding gums.**  
☐ **Are not on regular wake(day)/sleep(night) schedule.**

**Saliva Collection: H Vials**

**All samples must be collected on the SAME DAY AND NIGHT starting with the morning H vial and ending with the 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, 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 and swab together as soon as possible after collection following the shipping instructions at the bottom of the form.

**Saliva Collection: Green Top F/L Vial**

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 and swab together.**

**Collection Schedule: Vials are marked. DO NOT exchange.**

|                 |                |                               |
|-----------------|----------------|-------------------------------|
| Morning/Fasting | 7:00-9:00am    | 7-8 Hour Fast                 |
| Noon            | 11:00am-1:00pm | Last Meal or Snack _____AM/PM |
| Afternoon       | 3:00-5:00pm    | Last Meal or Snack _____AM/PM |
| Evening         | 7:00-9:00pm    | Last Meal or Snack _____AM/PM |
| Midnight        | 1:00-3:00am    | Last Meal or Snack _____AM/PM |

**REFRIGERATE** all samples until shipment.

**Date I Collected Saliva** \_\_\_\_\_

**For Female Patients: Day of menstrual cycle sample was collected on:** \_\_\_\_\_

**How to Collect Swab:**

Please Circle the Location Swabbed: Throat Vagina Other

**Throat:** Carefully guide cotton swab all the way back into throat and swab gently. Then place swab tip to the bottom of tube, snap off swab shaft and replace cap.

**Vaginal and Other:** Gently insert the cotton swab 2-3 inches and rotate. Then place swab tip to the bottom of tube, snap off swab shaft and replace cap.

**REFRIGERATE** sample until shipment. **Return all vials and swab together as soon as possible after collection following the shipping instructions below.**

**Date I Collected Swab** \_\_\_\_\_

**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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