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.

○ ***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)

I. Average 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 ☐	23 ☐	24 ☐	25 ☐	26 ☐	27 ☐	28 ☐	29 ☐	30 ☐	31 ☐	32 ☐	1st Day of Next Period
Tubes or Sample Numbers	Vial 1			Vial 2			Vial 3			Vial 4		Vial 5		Vial 6		Vial 7			Vial 8			Vial 9			Vial 10			Vial 11					
Dates of Collection																																

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																					

Days of Cycle	23 ☐	24 ☐	25 ☐	26 ☐	27 ☐	28 ☐	29 ☐	30 ☐	31	32 ☐	33 ☐	34 ☐	35	36	37 ☐	38 ☐	39 ☐	40 ☐	41 ☐	42 ☐	1st Day of Next Period
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.
- ☐ 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. Drop off test kit with the carrier indicated on the return shipping label.
- ☐ **International**: shipping charges will apply. Ship test kit with FedEx and select two to three day delivery. Deliveries can be made Monday through Friday. International shipping forms are available on our website. See Patients -> Shipping Instructions

FHP/eFHP