

Frequently Asked Questions

- 1. How long does it take to process the test?**
On average, 5-7 business days from the day it is received.
- 2. If I collect my sample outside of the designated time frame, will it affect my test results?**
You can collect your samples up to one hour before or after the specified times unless you have an unusual schedule and your provider requests different collection times. If you collected more than an hour outside of these times, you may need to recollect your samples (please check with your provider). If needed, please contact your provider for a new test kit.
- 3. What if I collect into the wrong vial?**
Simply change the labels on the vials in question to match your corresponding collections.
- 4. I am taking a certain medication or supplement. Do I need to discontinue while doing the test?**
Please ask your provider; they can phone us for clarification.
- 5. What if I brushed my teeth or consumed food or liquids (other than water) less than an hour before collecting a sample?**
You will need to recollect your samples. Please contact your provider for an additional test kit.
- 6. I am a resident of New York State. Can I do testing through your lab?**
No. New York State has additional licensing requirements that we have chosen not to pursue at this time.
- 7. How much is the test?**
For test fees, please contact your ordering healthcare provider.
- 8. Can you send me an itemized statement?**
If you send payment to us, upon request, we will send you an itemized statement. If you paid your provider, please contact them for a statement.

For additional information, please see Frequently Asked Questions: www.diagnotechs.com/patient-faq

Shipping Instructions

- Complete the patient portions of the test requisition form (front and back).
- Write your name and date of birth on all vials.
- Write your name and address on top of shipping box.
- Ship samples within 3 days of collection (keep refrigerated until shipment).
- Be sure required test orders are marked on the form. If they are not marked, please contact your provider for test orders.
- Include check or credit card information. Please do not send cash.
- Place vials, requisition form, and payment into shipping 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. Drop off your test kit with the carrier indicated on the enclosed return shipping label.



International: Shipping charges will apply. Seal box with clear tape. 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.

DiagnosTechs, Inc.
Sample Processing
840 S 333rd St.
Federal Way, WA 98003 USA



Adrenal Stress Index with CAR™

Specimen Collection Instructions

Use this collection kit for the following panels or individual tests:

Panels

- **AASI-6 – Adrenal Stress Index with CAR** - includes TAP-6 (Cortisol x6), DHEA/DHEA-S, Insulin (fasting and non-fasting), 17-OH Progesterone, Total salivary slgA, Gluten (gliadin) Ab, slgA
- **NLASI-6 – Custom Adrenal Stress Index with CAR** - includes TAP-6 (Cortisol x6) and DHEA/DHEA-S
- **TAP-6 – Temporal Adrenal Profile with Cortisol Awakening Response** - includes Morning, 30-Minute, 60-Minute, Noon, Afternoon, and Midnight Cortisol tests

Individual Tests

- Cortisol x6
- DHEA/DHEA-S
- Insulin (fasting)
- Insulin (non-fasting)
- 17-OH Progesterone
- Total salivary slgA
- Gluten (gliadin) Ab, slgA

Contents

6 Blue-capped 5ml vials with cotton
1 Blue-capped 5ml vial without cotton

Orange absorbent shipping pad

Resealable bag

Requisition form

Preprinted shipping label (U.S. only)



DiagnosTechs™

THE LEADING LAB IN SALIVA TESTING SINCE 1989

General Guidelines

Please read ALL instructions before starting to collect. Fill out the test requisition form completely.

Unless instructed otherwise by your provider, complete all 7 saliva collections per instructions below for any test(s) ordered.

Collect on a day that represents your typical and usual lifestyle.

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

3-5 days before collection:

Unless your provider instructs you otherwise, avoid taking dissolvable or sublingual hormone preparations (troches, pellets, drops). Instead, swallow these preparations without letting them dissolve in the mouth (for liquid preparations, mix with a few ounces of water).

The entire day before collection and throughout the day of collection: Avoid all hormones regardless of form, and all topical skin care products unless directed otherwise by your provider. If you have any questions, please follow-up with your provider. (Note that melatonin and thyroid hormone do not need to be avoided.)

Dietary restrictions on day of collection:

Please consult with your provider regarding whether to avoid coffee, tea, or other caffeinated or decaffeinated beverages (products labeled “caffeine-free” are okay).

You may eat and drink as usual after you collect the “60 Minute” sample, 60 minutes after awakening. Please avoid eating or drinking anything except water for 60 minutes before each saliva collection.

MEDICATION NOTE: Consult your physician if using spironolactone, progesterone, corticosteroids (including hydrocortisone preparations), or any other drug or hormone; or if you have any questions.

Saliva Collection

All samples should be collected on the same day and night, starting with the Morning vial and ending with the Midnight vial. Suggested collection times are as follows:

Waking/Morning/Fasting (no food or drink other than water for 6-8 hrs prior to morning collection): Collect this vial immediately upon waking, ideally between 6am-8am.

30 Min: Collect 30 minutes after waking (no food or drink other than water before collection)

60 Min: Collect 60 minutes after waking (no food or drink other than water before collection)

Noon: 11am-1pm

Afternoon: 4pm-5pm

Midnight/Bedtime: 10pm-Midnight

H vial (no cotton): A morning or mid-day collection is preferred. Collect at least one hour away from other vials.

60 minutes before each collection: Avoid smoking, brushing or flossing your teeth, using mouthwash, and eating or drinking anything except water.

3-5 minutes before each collection: Rinse mouth thoroughly with cold water for approximately 30 seconds. Wash hands in a clean sink prior to handling cotton rolls or vials.

How to Collect Saliva

1. Remove cotton from vial.
2. Place cotton under tongue.
3. Hold cotton under tongue until mouth fills with saliva. This may take up to 20 minutes. (Do not chew or suck on the cotton.)
4. Return saturated cotton roll to vial and recap tightly.

If you experience difficulty saturating the cotton roll, you may discard it and collect saliva into the vial directly. For collection without using cotton, fill the vial up to the third line from the bottom or at least half-full (excluding bubbles). To reduce the amount of bubbles, cap vial and place in the freezer for 2-3 minutes. Remove vial from freezer and lightly tap vial on a countertop or tabletop. This should help to settle the bubbles and enable further collection.

If you have difficulty producing sufficient saliva:

Smell a lemon wedge, vinegar, or pickle juice; or smell your favorite food to promote flow. Collect saliva 2-3 minutes later.

Cap vial tightly and place in the provided resealable bag with orange absorbent shipping pad. Upon collection, **REFRIGERATE** each sample and **ship all samples together the next day (preferred) or within 3 days of collection.**

Follow the shipping instructions outlined on the back of this instruction pamphlet. After **ALL** samples are collected, return them along with the **test requisition form**. Prior to shipping, double-check that your name and date of birth are printed on each vial and the front of the test requisition form.



Carbohydrate Stimulation Test

To optimally screen for insulin resistance, the insulin response needs to be assessed after eating a carbohydrate-rich meal. This may be contraindicated in some conditions, therefore please ask your provider for guidance if you are currently following a low-carbohydrate diet.

Unless your provider instructs you otherwise, please consume 75 grams of carbohydrates as part of a meal (that may also contain protein and fat) 60 minutes prior to your NOON saliva collection.

Each food serving below contains 15 grams of carbohydrates. Consume five servings from this list in any combination to provide a total of 75 grams of carbohydrates. For additional food choices and instructions, visit www.diagnostechs.com and select **Patients -> Download Forms -> Carbohydrate Stimulation Test**.

- 1 slice bread (white or whole grain)
- 1/3 cup cooked rice (white or brown)
- 1/2 cup cooked pasta (white or whole grain)
- 1/3 cup cooked beans or split peas
- 3 cups popcorn
- One 6-inch tortilla
- 1/2 cup mashed potatoes
- 1 cup squash cubes
- 1/2 cup apple or orange juice
- 1 small fruit (apple, kiwi, orange, etc.)
- 3/4 cup blueberries
- 1/4 cup dried fruit