

CHECKLIST (PRIOR TO SHIPPING)

1. All Tubes

- Patient's **First and Last Name, Date of Birth, and Collection Start Time and Stop Time** written on all tube labels
- The specimen **reaches** the FILL LINES in all tubes
 - **3 ml** – White-top tubes
 - **1 ml** – Blue-top tubes
- All the tubes are **tightly closed**

2. Tubes

- All Tubes - frozen

3. Test Requisition Form with Payment

- Test Requisition Form is complete – **Test is marked, patient's first and last name, date of birth, gender, and time collection ended** are recorded
- Payment** is included

4. Return to the Laboratory

- Please place frozen samples in silver foil bag, then place silver foil bag in shipping box.

SHIP THE SPECIMEN(S) TO THE LAB

Please refer to the shipping instruction insert found in your specimen collection pack.




Call 020.8336.7750 or visit our website at www.gdx.net/uk

SALIVARY CORTISOL PROFILES COLLECTION INSTRUCTIONS





The following test(s) can be collected using these instructions:

Cortisol Awakening Response (CAR)	#4309
Adrenal Stress Profile (ASP)	#END01
Comprehensive Adrenal Stress Profile	#END02



Test may not be processed without this information:

 <p>Test Requisition Form</p>	<p>Please Provide:</p> <ul style="list-style-type: none"><input type="checkbox"/> Patient's First/last Name<input type="checkbox"/> Date of Birth<input type="checkbox"/> Gender<input type="checkbox"/> Date of Collection	<p>All Tubes</p>  <p>Please Label:</p> <ul style="list-style-type: none"><input type="checkbox"/> Patient's First and Last Name<input type="checkbox"/> Patient's Date of Birth<input type="checkbox"/> Date of Collection<input type="checkbox"/> Collection Start/Stop Time
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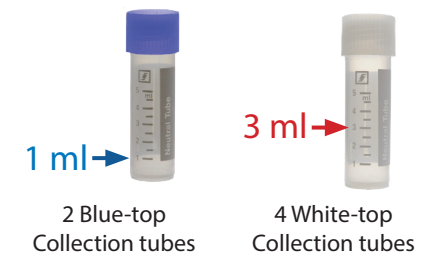
Specimen

Saliva

Additional Materials

- Biohazard bag with absorbent material
- Test Requisition Form
- Collection labels
- Shipping box
- Silver foil bag

Collection Materials for Saliva



IMPORTANT PREP PRIOR TO TESTING

IMPORTANT:

The sample collection times must be strictly followed to provide your clinician with the most accurate results.

- Consider waking at **6am** on day of collection. All collections must happen on the SAME day.

- The following drugs and supplements may influence hormone levels reported in this test: ketoconazole, clomiphene, phenytoin, steroids, and DHEA supplementation. Let your physician know about these and any other medications and supplements you have used in the past 3 months. Do not change or discontinue medications unless instructed to do so by your healthcare provider

COLLECTION

IMPORTANT: To ensure accurate test results you MUST provide the requested information.

- Write patient's first and last name, date of birth, gender, and dates of collection on the Test Requisition Form.

Collecting Your Saliva Samples:

- Fill tube with saliva to designated level, without bubbles or mucus, **within 5 minutes**. Replace the cap tightly to avoid leakage.



- Please write the patient's first and last name, date of birth, and the start and stop collection times on the label. Attach the label to the collection tube.

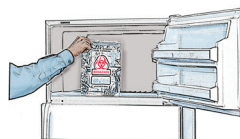
NAME: _____	1
D.O.B.: ___/___/___ DATE: _____	
START TIME: _____	
STOP TIME: _____	



- Freeze tube immediately. Samples must be frozen a minimum of 2 hours prior to shipping. Keep samples frozen until ready to ship.



- Repeat these steps for each sample according to the Specimen Collection Chart.



IMPORTANT:

- It is important that you collect saliva during the specified time frame.
- If you have difficulty producing enough saliva:
 - Rinse your mouth with water and spit out completely
 - Press the tip of your tongue to the roof of your mouth against your teeth

- Think of sour foods, such as lemons
- Yawning can also generate saliva

ONE HOUR BEFORE COLLECTION:

1

- Do not eat or drink anything except water one hour prior to each collection. Remove all lip balm and lipstick

For full details refer to: www.gdx.net/tests/prep

Please refer to your requisition for the testing option ordered by your clinician. Pay close attention to the collection times and amount of saliva required. Failure to do so may cause samples to be rejected or alter results.

Cortisol Awakening Response:

Labels 1, 2, 3, 6

Adrenal Stress Profile:

Labels 3, 4, 5, 6

Comprehensive Adrenal Stress Profile:

Labels 3, 4, 5, 6

Adrenal Stress Profile with CAR:

Labels 1, 2, 3, 4, 5, 6

Comprehensive Adrenal Stress Profile with CAR:

Labels 1, 2, 3, 4, 5, 6

Cortisol Awakening Response with ASP:

Labels 1, 2, 3, 4, 5, 6

SPECIMEN COLLECTION CHART

SPECIMEN INTERVALS All IgA testing is performed from vial 3	CAR	ASP or CASP	If you have selected any add-ons, please use all 6 tubes
WAKING (USE LABEL #1) Collect immediately upon waking	1 ml →		1 ml →
30 MINUTES (USE LABEL #2) Collect 30 minutes from end of waking collection	1 ml →		1 ml →
Collect Between 7:00AM – 9:00AM (USE LABEL #3)	3 ml →	3 ml →	3 ml →
Collect Between 11:00AM – 1:00PM (USE LABEL #4)		3 ml →	3 ml →
Collect Between 3:00PM – 5:00PM (USE LABEL #5)		3 ml →	3 ml →
Collect Between 10:00PM – 12:00AM (USE LABEL #6)	3 ml →	3 ml →	3 ml →