

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
- ☐ All the tubes are **tightly closed**

2. Tubes

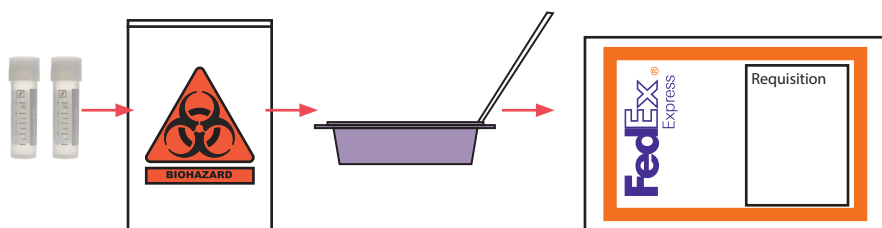
- ☐ All Tubes - frozen

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 or pay online at www.gdx.net/prc

4. Return to the Laboratory

- ☐ Please place samples in biohazard bag, then place biohazard bag in clamshell container. Place container in mailing envelope with requisition. No need to send plastic tray.



SHIP THE SPECIMEN(S) TO THE LAB

Please refer to the shipping instruction insert found in your kit box.



Call **800.522.4762** or visit our website at www.gdx.net

©2019 Genova Diagnostics IS-583,e,pi,b-406-s,1119

ADRENOCORTEX STRESS PROFILE

PATIENT SALIVA COLLECTION INSTRUCTIONS



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

Adrenocortex Stress Profile (ASP)

#4300

** Not available in New York*



Test may not be processed without this information.

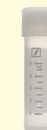
Test Requisition Form



Please Provide:

- ☐ Patient's First/last Name
- ☐ Date of Birth
- ☐ Gender
- ☐ Date of Collection

All Tubes



Please Label:

- ☐ Patient's first/last name
- ☐ Patient's date of birth
- ☐ Collection date
- ☐ Collection start/stop time

Please read and follow instructions completely to ensure accurate results.

Specimen

Saliva

Additional Materials

- Biohazard bag with absorbent material
- Test Requisition Form
- Collection labels
- Prepaid mailing envelope

Collection Materials for Saliva



3 ml →

4 White-top
Collection tubes

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.

❑ 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

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:

❑ 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

COLLECTION

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

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.

1

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

Collecting Your Saliva Samples:

2

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

3

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: _____

4




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

5

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



Adrenocortex Stress Profile: Labels 1, 2, 3, 4

SPECIMEN COLLECTION CHART			
SPECIMEN INTERVALS		ASP	
Collect Between 7:00AM – 9:00AM		3 ml 	
Collect Between 11:00AM – 1:00PM		3 ml 	
Collect Between 3:00PM – 5:00PM		3 ml 	
Collect Between 10:00PM – 12:00AM		3 ml 