Step 3

Returning The Samples To The Laboratory

Samples must be returned to Genova Diagnostics by overnight delivery to arrive next day.

- *For UK mainland patients only:* Genova Diagnostics recommends using the enclosed courier collection service, or alternative e.g.: Royal Mail, Special Delivery. The mailing envelope is not pre-paid.
- *For patients outside of the UK:* please arrange an international courier such as FedEx, DHL, UPS.
- Please note: the laboratory is closed at weekends. Samples should not be in transit over the weekend; please arrange for the samples to be sent overnight and to arrive no later than Friday.
- Plan to return the samples Monday Thursday by overnight delivery only.
- If samples are completed on a Friday Sunday, please keep them frozen until Monday and return them on Monday for Tuesday.
- Make sure the collection tubes are tightly closed and identified with completed labels. Failure to complete the labels correctly will result in the samples being rejected.
- Put the tubes in the biohazard bag with absorbent paper and seal it securely.
- Place the biohazard bag in the silver pouch with the frozen freezer brick.
- Place the sealed silver pouch inside the mailing envelope with your completed and signed requisition form.
- Seal the envelope.
- Once posting/couriering of samples has been arranged, keep any tracking numbers issued by the courier / Royal Mail for future reference.



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Adrenal Stress Profile & Melatonin

Patient Instructions for Saliva Collection

Α	Name on Name 1 Name		ColarPack ColarPack
	Date of Biels. Date: Time: Sample 4 Name:	SPECIMEN	Temperature Assurance Materials
	Date of Book Date: Time: Sample 5	D	ColarPack
F		G C C C C C C C C C C C C C	non mon

Check Your Kit

- A 5 Saliva collection tubes
- B 5 Labels, numbered 1-5
- C 1 Biohazard bag with absorbent paper
- D 1 Gel freezer brick

- E 1 Silver pouch
- F 1 Requisition (to be completed and signed)
- G 1 Mailing envelope
- If any of the items are missing or expired, call the laboratory on 020 8336 7750.
- The appearance of the above kit components are for illustration use only and actual contents may vary slightly from that shown.

Step

Important things to know and consider

- The following drugs and herbs may influence levels of hormones reported in this test: ketoconazole, clomiphene, phenytoin, oral steroids (e.g. Prednisone), cortisone cream or patches, and any steroid-based nasal sprays, inhalers, or eye drops; melatonin (at doses greater than 5mg), DHEA sublingual pellets or drops. *Let your practitioner know about these and any other medications, herbs, and supplements that you have used in the past 3 months.* Do not change use of supplements or medications unless instructed to do so by your healthcare provider.
- Avoid alcohol for 12 hours prior to starting the test, and for the duration of the collection period.

Schedule and prepare for your saliva collection

- It is important that you collect saliva during the specified time frame.
- Before starting the test: Place the gel freezer brick in the freezer. It must be frozen for a minimum of 4 hours before returning the samples.
- One hour prior to collection do not eat, brush or floss your teeth, use mouthwash, chew gum or use any tobacco products. You may drink ONLY water during this time.
- Samples must be frozen for at least 2 hours prior to returning. Please note: samples completed on Friday -Sunday should be stored frozen until Monday for returning to the laboratory by overnight delivery.
- Complete the requisition form with all patient and payment information. Be sure it is signed by the patient/ responsible party in the box labelled "Final Sample Date / Time."
- If you make a mistake or need to restart collecting the samples, please rinse the tube(s) with water only, and allow them to dry naturally.

Saliva Collection Schedule: Keep this nearby for the day!

On the day you collect specimens, wake up between 6:00 AM and 8:00 AM and collect four saliva samples according to the following schedule:

Collect your	MORNING:	1 hour after rising for the day	(Use label #1)
saliva during	MIDDAY:	11:00 AM to 1:00 PM	(Use label #2)
the specified	AFTERNOON:	3:00 PM to 5:00 PM	(Use label #3)
time frame:	LATE NIGHT:	10:00 PM to 12:00 AM	(Use label #4)
	EARLY NEXT MORNING:	2:30 AM to 3:30 AM	(Use label #5)

Tip: Before you go to sleep on collection day, place your collection tube (with a completed label) at your bedside, along with a glass of water and a low level light. Do not turn on a bright light, it will cause your melatonin level to drop.

Step 2: Collecting your saliva specimens

Not following these instructions may affect your test results.



Write your full name (first and last), date of birth, time and date of collection on label #1 using a ballpoint pen or pencil only. Attach the label to a collection tube.



When ready to collect the saliva, **rinse your mouth with drinking water.** Spit out and discard the water completely, and do not cough or clear your throat into the collection tube.



Fill the collection tube until liquid saliva level reaches the 3-ml mark. To reduce a foamy saliva collection, tap the tube on a hard surface. Insufficient saliva samples cannot be processed.



Replace the cap tightly to avoid leakage. Place the filled tube into the biohazard bag and freeze immediately. Samples must be frozen for a minimum of 2 hours prior to returning. Keep samples frozen until ready to return them to the laboratory.

• Repeat steps 1-4 for each collection, using the labels numbered 2 and 3, etc., in order.

Consult your healthcare provider if you have any questions at any time during this test.