

WHEN READY TO SHIP, ENSURE THE FOLLOWING:

Cup:

- Tightly closed
- Marked with **first and last name, date of birth, and date and time of collection.**
- Sealed in biohazard bag with absorbent pad

Swabs:

- Included- inside original package
 - Marked with **first and last name, and date of collection.**
- All sections of **requisition form completed.**
- Payment included** or marked on requisition form.
- All specimens** placed back in original box.

SHIP THE SPECIMEN(S) TO THE LAB

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



Call 020 8336 7750 or visit our website at www.gdx.net/uk
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URINARY HORMONES ENDOCRINOLOGY

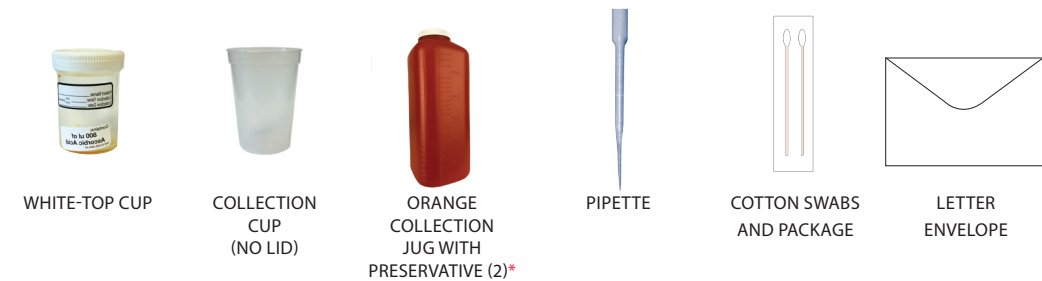


PATIENT 24-HOUR URINE & BUCCAL SWAB COLLECTION INSTRUCTIONS FOR THE FOLLOWING PROFILE(S)

**Essential Estrogens™
Genomics a-la-carte SNPS**

Urine
Buccal Swab

COLLECTION MATERIALS FOR SPECIMEN



- **CAUTION: Contains Absorbic Acid. KEEP OUT OF REACH OF CHILDREN.**

For eye contact, flush with water for 15 mins. For skin contact, wash with soap and water. For ingestion, contact poison control center immediately.

ADDITIONAL MATERIALS

- Disposable vinyl gloves (2)
- Biohazard bag with absorbent material
- Test Requisition Form
- Collection label

IMPORTANT PREP BEFORE PATIENT TAKES TEST

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

- Synthetic hormones will not show up on the test and conjugated equine estrogens will show up mostly as estrone.
- Abnormal kidney function or use of diuretics may influence test results. Do not performed on individuals with kidney disorders.
- Certain medicines may impact test results (e.g. cephalosporins, cimetidine, fibrates and trimethoprim-sulfamethoxazole). Let your physician know about your use of these medications. Do not change use of medications unless instructed to do so by your healthcare provider.
- Premenopausal women: If the goal is to evaluate ovulatory function, collect urine between days 19-25 of the menstrual cycle.
- Menopausal women: Collect specimen on any day.
- Women on Hormone Replacement Therapies or oral contraceptives: Continue dosing as usual.
- Follow-up testing: Collect the specimen on the same day of cycle or phase of hormone therapy as the previous sample.
- CAUTION: Do not discard white powder contained in the jugs.



48 HOURS BEFORE THE TEST: Avoid eating (whole or ground) flax seeds and sesame seeds for at least 48 hours before urine collection begins.

Delay collection if you have a urinary tract infection until after completing treatment.

DAY BEFORE THE TEST: Avoid over hydration. Aim for average overall fluid intake of 1/2 oz water/fluid per pound of body weight per day. Example: 130 lbs -65 oz. (eight 8 oz. glasses)

- 1 Completely **fill out** front and back of test requisition form. Failure to provide all information will result in delay of test processing.
- 2 Please **write the patient's full name, the time and date of collection, and date of birth** on the label and apply it to the white-top cup.
- 3 **Put** on glove. Hold the large orange jug to avoid spilling the white powder.
- 4 On first day, **discard** the first urination after rising. **Collect** all urinations for the next 24 hours, including your first urination after rising the next day.
- 5 **Collect** each urination in the disposable cup and pour into the large orange jug. **Do not rinse** or clean the cup. **Recap** jug and **mix gently**. **Refrigerate** jug through 24 hour collection period.
- 6 **IF YOU ONLY FILL ONE JUG, screw** the lid on tightly. **Set** on a level surface and **note** the total volume using the milliliters (ml) marks on the side of the jug. **Be sure to record this on the requisition form**. Lab processing cannot be completed without this information. Gently **mix** for 30 seconds. Skip to step #7.
- IF YOU FILL TWO JUGS, put** on the disposable gloves and **mix** the urine together by **pouring back and forth** between the jugs. **Do not spill** urine. **Set** jugs on a level surface and note the volumes using the milliliter marks on the side of the jugs. **Add together the amount in jug #1 and the amount in jug #2. Be sure to record this on the requisition form**. Lab processing cannot be completed without this information.
- 7 **Pour** urine from Jug #1 into the white-top cup to **between 100 ml and 120 ml mark**. **Screw** the top on the cup tightly to avoid leakage. **Discard** the remaining urine, the large collection jug(s), pipette, and gloves.
- 8 **Place** the cup in the Biohazard bag. **Refrigerate** until ready to ship. Remember to ship within 48 hours after final collection.

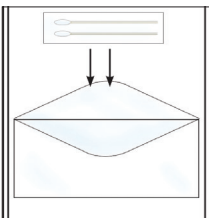
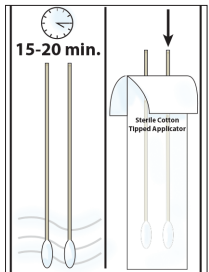
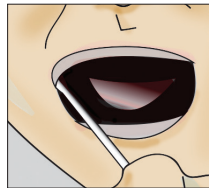
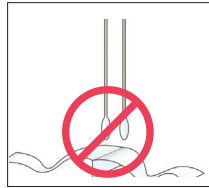
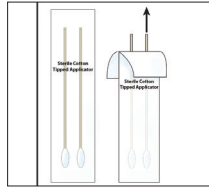
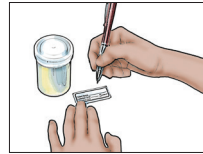
Patient Details (Required)
 Title: _____ Gender: M F
 First Name: _____
 Surname: _____
 Date of Birth (mm/yyyy): / /
 Company: _____
 Address 1: _____
 Address 2: _____
 Town: _____
 County: _____
 Postcode: _____
 Country: _____
 Contact Tel (Home): _____
 Alternative Tel: _____
 Email: _____

Final Sample Date / Time

Information for Patient
 All patient details, additional sample information and relevant medical history must be provided. Genovis Diagnostics cannot accept any samples which do not match the sample.
 Please complete the Fees To section below. If you have not already paid for your test, please provide payment for any charges. Fees required to return your sample to the lab.
 Failure to provide a valid means of payment will result in the cancellation of the test.
 Please return this form and any additional relevant information with your test kit.

Fees To (Required)
 Payment to: Genovis Diagnostics Additional courier fees may apply, see enclosed courier information sheet.
 If paying by cheque, please make cheque payable to Genovis Diagnostics.
 If paying by credit card or debit card, please fill out the following information.
 I confirm that I will cover the cost of the tests ordered.
 SIGN: _____
 CARD No: _____ EXP: _____
 START: _____
 SECURITY: _____ (last 4 digits of card)
 We do NOT accept the following: American Express, Diners, Maestro International & Visa Electron cards.

Insurance Details
 Genovis Diagnostics currently provides insurance billing with a pre-authorization number upon completion of the following information:
 Clinical Provider No: _____
 Insurance Company: _____
 Membership No: _____
 Pre-authorization No (Required): _____



NIGHT BEFORE COLLECTION: Use your normal nightly routine of brushing and flossing of teeth but do not use mouthwash.

MORNING OF COLLECTION: Specimen must be **collected immediately** upon rising. Do not practice normal oral hygiene routine, **do not eat or drink ANYTHING OTHER THAN WATER**.

- 1 Just prior to collection, **wash hands** completely with hand soap.
- 2 **Keeping the packet intact, peel open** the package labeled, "Sterile Cotton Tipped Applicator."
- 3 **Only peel back the package far enough to remove the cotton swab applicator.**
- 4 **Remove** one applicator. **Avoid contact** with the cotton tip.
- 5 **Open** your mouth widely and insert applicator. **For at least 30 seconds, aggressively scrape** the inside of both cheeks using a back and forth, and up and down motion. **Rotate** the applicator several times, and **swab** between the cheek and gums. **Avoid** excessive saliva.
- Note: If there is not a sufficient amount of cheek cells DNA collected on the applicator, a recollection will be required.*
- 6 **REPEAT STEPS 1 - 5 WITH SECOND SWAB**
- 7 **Allow swabs to air dry for 15-20 minutes**, then **replace** them (swab first) into the swab applicator package.
- 8 **Print Full name and collection date on specimen collection label. Place** the specimen collection label on the envelope.
- 9 **Insert** swab applicator package into the letter envelope and seal. **Be sure to ship with urine sample.**