Testosterone Metabolites Profile

COLLECTION & SHIPPING INSTRUCTIONS

Androstenedione
Testosterone
5α–dihydrotestosterone (DHT)
5α-androstan-3β,17β-diol (3β-adiol)
5α-androstan-3α,17β-diol (3α-adiol)

KIT CONTENTS

1 - Requisition Form
1 - Instruction Sheet
1 - Questionnaire
2 - Gel-Free Red Top Tube
1 - Transfer Tube
1- Disposable Pipette

1 - Ice Pack
1 - Biohazard Bag
1 - Styrofoam Container
1 - Cardboard Shipping Box
1 - UPS Next Day Air Pack (US & Canada only)
1 - UPS Next Day Shipping Label (US & Canada only)

CAREFULLY READ COLLECTION AND SHIPPING INSTRUCTIONS THOROUGHLY BEFORE STARTING.

UPON RECEIPT – REMOVE LID FROM STYROFOAM CONTAINER AND PLACE INTO THE FREEZER – **DO NOT REMOVE THE ICE PACK**.

PLEASE NOTE: When shipping the specimens back to the lab, send Monday through Thursday Only. **DO NOT SHIP ON FRIDAYS AS NEXT DAY DELIVERIES ARE NOT ACCEPTED ON SATURDAY OR SUNDAY.**

OBSERVED HOLIDAYS ARE AS FOLLOWS: NEW YEARS DAY, MEMORIAL DAY, FOURTH OF JULY, LABOR DAY, THANKSGIVING DAY AND THE DAY AFTER, AND CHRISTMAS DAY.
DO NOT SEND SAMPLE(S) THE DAY PRIOR TO OR THE DAY OF A HOLIDAY.

COLLECTION INSTRUCTIONS

***PATIENT MUST BE FASTING FOR 8-12 HOURS PRIOR COLLECTION**
***BLOOD DRAW MUST OCCUR BEFORE 10AM**
****HEMOLYSIS OR RED BLOOD CELLS IN SERUM WILL BE REJECTED****

1. Draw a **gel-free** red top tube completely; allow at least 15- 30 minutes for the blood to clot.
2. Centrifuge for at least 10 minutes.
3. Pipette the separated serum into the transfer tube. We need a minimum of 4mL of serum. ***Do not pick up any Red blood cells.***

Please call 206.209.4200 with questions or Toll Free 855.405.8378
Monday through Friday 6:00 am – 6:00 pm PST

6839 Fort Dent Way, Ste 206
Tukwila, WA 98188
Fax: 206.209.4211
www.meridianvalleylab.com info@meridianvalleylab.com

4. Label the transfer tube as **SERUM** with patient's name and date collected.
5. Freeze the serum tube immediately. Keep frozen until ready to ship.
6. Complete the enclosed requisition form; include payment (if required)

SHIPPING INSTRUCTIONS

1. Put the requisition form into the pocket on the outside of the biohazard bag.
2. Place the *frozen* transfer tube in the biohazard bag and seal.
3. Place the biohazard bag next to the frozen ice pack in the Styrofoam container.
4. Place the Styrofoam container in the cardboard shipping box.
5. Place the shipping box in the UPS next day air pack and seal securely.
6. Place return shipping label with barcode on the outside UPS next day air bag.
7. Save return receipt with the tracking number for your records.
8. Send specimens Monday through Thursday only.
9. Call UPS toll free at **1.800.742.5877** for a pickup or for the nearest drop location. UPS will only pick up on weekdays.
10. When calling for UPS pickup, request "**ON CALL AIR**" only. **DO NOT request a one-time pickup**. Meridian Valley Lab pays for "**ON CALL AIR**" only. UPS expects the patient to pay for a one-time pickup.

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Monday through Friday 6:00 am – 6:00 pm PST

Meridian Valley LAB

Male Serum Testosterone Metabolites Profile (4416, 4417)

Hormone Symptoms Questionnaires

Last Name:____ **First Name:**____

Age: ______ **Height:** ____________ **Weight:** ___________ **Blood Pressure:** ____________________

Previous / Current use of Hormones / Medications: Please indicate any hormone(s) you have used in the past **2 months** as shown in the example below. Also list other medications or herbal supplements you are taking. (Use back if necessary)

FOR LAB USE ONLY. THIS WILL ONLY BE USED INTERNALLY AND WILL BE DISCUSSED ONLY WITH YOU OR YOUR DOCTOR.

Hormone Therapies	Testosterone	DHEA	5a-reductase inhibitor	hCG	
Hormone Type					
Brand Used					
Delivery					
Date- last used					
Time -last used					
# of times/day					
How long used					
Other Medications					

Symptom: Please indicate the symptoms you are experiencing as **0 (none), 1 (mild), 2 (moderate), 3 (severe)** by darkening the number in the box**.**

0	1	2	3	Symptom
0	1	2	3	Burned Out Feeling
0	1	2	3	Decreased Mental Sharpness
0	1	2	3	Increased Forgetfulness
0	1	2	3	Apathy
0	1	2	3	Depressed
0	1	2	3	Nervousness
0	1	2	3	Anxious
0	1	2	3	Irritable
0	1	2	3	Chronic Stress
0	1	2	3	Acute Stress
0	1	2	3	Difficulty Sleeping
0	1	2	3	Morning Fatigue
0	1	2	3	Evening Fatigue
0	1	2	3	Night Sweats
0	1	2	3	Hot Flashes
0	1	2	3	Decreased Muscle Size
0	1	2	3	Neck Or Back Pain
0	1	2	3	Sore Muscles
0	1	2	3	Decreased Stamina
0	1	2	3	Decreased Flexibility
0	1	2	3	Increased Joint Pain
0	1	2	3	Bone Loss
0	1	2	3	Heart Diseases
0	1	2	3	Heart Palpitations
0	1	2	3	Elevated Cholesterol
0	1	2	3	Elevated Triglycerides
0	1	2	3	Diabetes
0	1	2	3	Weight Gain - Waist
0	1	2	3	Weight Gain - Breast
0	1	2	3	Sugar Craving
0	1	2	3	Cold Body Temperature
0	1	2	3	Decreased Libido
0	1	2	3	Decreased Erections
0	1	2	3	Prostate Problems
0	1	2	3	Increased Urinary Urge
0	1	2	3	Decreased Urine Flow
0	1	2	3	Male Pattern Baldness
0	1	2	3	Ringing In Ears
0	1	2	3	Dizzy Spells
0	1	2	3	Allergies
0	1	2	3	Sensitivity To Chemicals
0	1	2	3	Headaches
0	1	2	3	Other____________________
0	1	2	3	
0	1	2	3	