



<b>Instructions For</b>	Dried Urine Hormone Test(s)	<b>Kit Contents</b>	
<b>Notes for this test:</b>	Do not consume creatine or supplements containing creatine during the collection period. If you are using estrogen (bi-est, estradiol, estriol, etc), testosterone or cortisol cream vaginally or in the labia region, please indicate that on the requisition form and the hormone questionnaire.	1 Requisition Form	1 Questionnaire
		1 Instruction Sheet	1 Collection Cup
		4 Dry Urine Cards	1 Biohazard Bag
		4 Green Stickers	1 Return Envelope

## Collection Notes

- Fluid intake volume and pattern can affect hormone concentration in urine. In order to maintain a relatively steady urine concentration, avoid consuming large volumes of fluid all at one time. Instead, sip throughout the day. Totally fluid intake on during the collection period should not exceed 3 liters.
- Avoid supplements containing creatine the day before and during the collection period.
- If on hormone replacement therapy, (estrogen, testosterone, thyroid, etc.) **consult with your physician** as to whether these hormones should be taken during collection. It is usually recommended to continue hormone replacement during collection.
- Women with regular menstrual cycles should collect urine on day 19, 20, or 21 of a 28-day menstrual cycle. (Day 1 of the menstrual cycle is the first day of bleeding.) The monthly cycle is longer or shorter than 28 days, add or subtract a corresponding number of days and adjust the collection date.
- Postmenopausal women using estrogen and progesterone should collect when both estrogen and progesterone have been used for 5 continuous days. Postmenopausal women not using hormones may collect urine on any day.

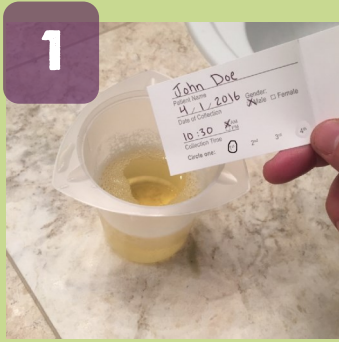
## Before Collection

Before starting collection, review all of the collection instructions and timing instructions. Try to plan your day, as much as possible, based on the collection timing.

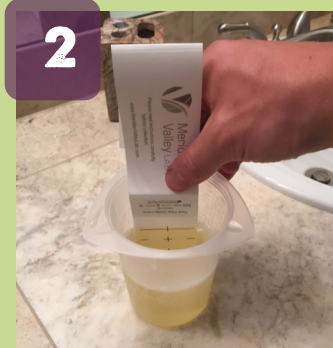
We recommend using an alarm, cell phone, watch, or other timing device to help alert you of collection times to ensure you do not miss one.

## Hormone Replacement Users Please Note

If you are using estrogen (bi-est, estradiol, estriol, etc), testosterone or cortisol cream vaginally or in the labia region, please indicate that on the requisition form and the hormone questionnaire.



1 Fill out all information on the cards. Collect urine into cup. Make sure information is filled out prior to starting.



2 Dip the card, submerge once or twice, to just above the top marker line. Discard urine after each collection



3 After removing the card from the urine cup, tape it so that it hangs freely to dry for at least 24 hours.



4 Repeat for each urine collection according to the collection timing guidelines.

## Collection Timing

**Card #1 First morning urine (5:00-8:00 am):** Collect immediately upon waking. After collection, you may take supplements, medication, and have breakfast as usual. After first morning collection, limit total fluid intake to 8-10 oz until second collection.

**Card #2 Second morning urine collection (7:00-11:00 am):** Collect at least 2 hours after previous collection.

**Card #3 Afternoon collection, before dinner (3:00 -6:00 pm):** Collect at least 4 hours after previous collection. Restrict fluid intake 2 hours before collection. If you cannot go without fluid for 2 hours, take small sips of water.

**Card #4 Bedtime collection (9:00 pm— Midnight):** Collect at least 4 hours after previous collection. Restrict fluid intake 2 hours before collection.

Allow cards to dry in a well-ventilated area. Use the provided green sticker to hang them from a counter edge or towel bar. Do not allow the filter paper portion of the card to come into contact with anything while drying. Dry the cards for at least 24 hours.

Once samples are dry, fold outer cover back over urine strip and place into plastic bag, taking care not to touch the collection paper portion.

Complete the requisition form along with payment (if necessary).

Remember to fill out the enclosed questionnaire.

## Shipping Instructions

Place the cards into the biohazard bag.

Fold the requisition form and place it in outside pocket of the biohazard bag.

Place the biohazard bag into the provided return envelope.

Contact the provided courier service, or drop-off at an approved drop zone/facility.



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.

Table with columns: Medication, Progesterone, Estrogen, Testosterone, Cortisol, and a blank column. Rows include Brand Used, Delivery (oral, cream, sublingual), Amount (in mg's), Date and time last used, # of times/days, days/month, and How long used.

Table with columns: Other Supplements, (Example), and four empty columns. Rows include DHEA/Pregnenolone, Soy / Flaxseed, and DIM / I3C.

Symptoms Please indicate the symptoms you are experiencing as 0 (none), 1 (mild), 2 (moderate), 3 (severe) For example if you are moderately stressed you would indicate this by darkening the 2 next to "Stress" : 0 1 2 3 Stress

Male Questionnaire

Please Report the symptoms you are currently experiencing

- List of symptoms for males with rating boxes: Burned Out Feeling, Decreased Mental Sharpness, Nervousness, Decreased Stamina, Decreased Flexibility, Elevated Triglycerides, Headaches, Sensitivity To Chemicals, Decreased Urine Flow, Apathy, Depressed, Anxious, Decreased Muscle Size, Neck Or Back Pain, Sugar Craving, Ringing In Ears, Decreased Erections, Increased Urinary Urge, Difficulty Sleeping, Mental Fatigue, Morning Fatigue, Sore Muscles, Weight Gain - Breast or Hips, Heart Palpitations, Cold Body Temperature, Decreased Libido, Stress, Increased Forgetfulness, Irritable, Evening Fatigue, Increased Joint Pain, Weight Gain - Waist, Dizzy Spells, Allergies, Prostate Problems, Other.

Female Questionnaire

- Checkboxes for: Regular Cycles, Irregular Cycles, No menstrual Cycles, Hysterectomy (No/Yes), Pregnant (No/Yes), Polycystic Ovarian Syndrome (No/Yes), Ovaries Removed (No/On/Both), Month of Pregnancy.

Date of Last Menses \_\_\_\_\_ For specimen collection: # of days in cycle from day 1 of last menses \_\_\_\_\_

When was the last time you used hormone based birth control (pills, IUD, etc.) \_\_\_\_\_ How long were you on it? \_\_\_\_\_

- List of symptoms for females with rating boxes: Hot Flashes, Vaginal Dryness, Foggy Thinking, Aches And Pains, Loss Scalp Hair, Tender Breasts, Night Sweats, Headaches, Sensitivity To Chemicals, Memory Lapse, Bone Loss, Depressed, Anxious, Fibromyalgia, Elevated Triglycerides, Sugar Craving, Loss of Eyebrows, Bleeding Changes, Stress, Increased Facial And Body Hair, Water Retention, Tearful, Morning Fatigue, Sleep Disturbed, Weight Gain - Hips, Heart Palpitations, Cold Body Temperature, Decreased Libido, Incontinence, Acne, Irritable, Evening Fatigue, Nervousness, Weight Gain - Waist, Mood Swings, Allergies, Uterine Fibroids, Fibrocystic Breasts, Other.