



Instructions For	Dried Urine Hormone Test(s)	Kit Contents	
Notes for this test:	Do not remove collection cards from the plastic biohazard bag until you are ready to collect. Avoid touching the filter paper part of the collection card at all times.	1 Requisition Form	4 Urine collection cards
	Please complete the Hormone Questionnaire included with this test kit and return it with the test specimens. The information you provide is confidential and will be used to assist your health care practitioner in understanding your test results and to help us improve our tests.	1 Instruction Sheet	4 Stickers
		1 Hormone Questionnaire	1 Biohazard bag
		1 Collection cup	1 Return envelope & label

Prior to Collection

Before starting collection, review all of the collection and timing instructions.

- Collection should be done on a day that is typical for you. Do not collect on a day of unusually high stress or when maintaining the schedule for drinking fluids and collecting urine would be very difficult.
- 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.
- If using hormones (estrogen, testosterone, thyroid, etc.) **consult your health care practitioner** as to whether these hormones should be used during the collection period. It is usually recommended to continue hormone replacement during collection.

What day to collect:

- **Men and post-menopausal women** who are **not** taking hormones can collect any day of the month.
- **Women with regular menstrual cycles** should collect on day 19, 20, or 21 of a 28-day menstrual cycle. Day 1 of the menstrual cycle is the first day of bleeding. If your monthly cycle is longer or shorter than 28 days, add or subtract a corresponding number of days and adjust the collection date. For example, if you have a 30 day cycle, add two days (to 19, 20 or 21) and collect on day 21, 22, or 23.
- **Women with irregular menstrual cycles** should consult your health care practitioner about when to collect.
- **Postmenopausal women who are using hormones** should collect when hormones have been in use for at least 5 days in a row.
- **Women and men using daily estrogen and/or testosterone** should apply hormone creams **immediately after** the first morning collection. If you normally apply estrogen or testosterone in the evening, switch to morning on the day before and the day of collection. Progesterone may be applied in the evening or the morning.

For 48 hours prior to collection and on the day of collection:

- If you are using a DHEA or hydrocortisone (cortisol) **cream** in the vaginal area, it **should be applied elsewhere** on the day of collection to the same type of skin. Apply creams to the surface of the anal opening for a similar level of absorption. If you are taking DHEA or cortisol by mouth, take them at the same time the creams are applied unless your doctor directs you differently.
- Avoid supplements containing creatine, such as body building supplements, the day before and during the collection period. If you are unsure about a supplement, check the label for "creatine." Creatine is converted in the body to creatinine, an important marker that affects all other urine test results.
- Do not exceed your usual intake of caffeine, alcohol, and Vitamin C.

Proper collection makes a difference in your test results!

If you have questions about how to collect your urine for this test, watch our collection video on our homepage meridian-valleylab.com or click on the "Patients" icon to look at our collection FAQs.

If you still have questions, please consult your health care practitioner or call us at 855-405-TEST (8378).

Collection Timing:

Collection times suggested here are for individuals who have a fairly typical schedule in which they sleep at night and are awake during the day. If you are a shift worker or have an unusual schedule, consult your health care practitioner about when to collect.

Card #1, First collection, upon waking (5:00-8:00 AM): Collect immediately upon waking. After collection, you may take supplements, medication, and have breakfast as usual. For best results, drink 2-3 ounces of water (or other fluids) every 30 minutes until the 2nd collection.

Card #2, Second collection (7:00-11:00 AM): Collect between 2-3 hours after previous collection. Continue to drink 2-3 ounces of fluid every 30 minutes until the 3rd collection.

Card #3, Third collection, before dinner (3:00 -6:00 pm): Collect at least 4 hours after previous collection. Continue to drink 2-3 ounces of fluid every 30 minutes until the 4th collection.

Card #4, Fourth collection, at bedtime (9:00 pm- Midnight): Collect at least 4 hours after previous collection.

It is okay, if necessary, to urinate between the 2nd, 3rd, and 4th collection times.

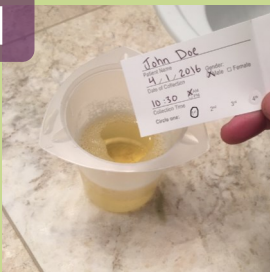
However, try not to urinate closer than one hour before your next collection.

Collection Instructions:

- How much fluid you drink, and when you drink it, can affect test results. Total fluid intake during the collection period should be between 2-3 liters (approximately 68-100 ounces).
- In order to maintain a uniform urine concentration, avoid consuming large volumes of fluid all at one time. Instead, drink evenly throughout the day. For best results, drink 2-3 ounces of water (or other fluids) every 30 minutes.
- Follow the collection steps illustrated below.
- After collection, allow cards to air dry away from heat and moisture. Use the provided sticker to hang cards 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.

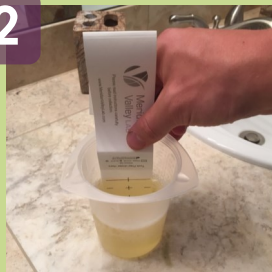
Three Easy Collection Steps

1



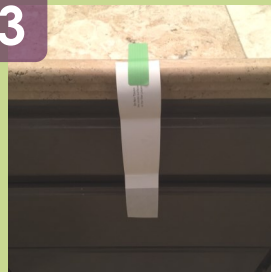
Fill out all information on the card prior to each collection. Be sure to write down the time. Collect urine into cup.

2



Unfold the collection card to expose the filter paper. Dip the filter paper end of the card into the urine cup and leave for **five seconds**. Submerge to just above the top marker line.

3



Remove the card from the urine cup and tape it so that it hangs freely to dry. Allow to air dry for at least 24 hours. Discard remaining urine after each collection. Rinse the collection cup after discarding the urine, but **DO NOT USE SOAP**.

Repeat



Repeat the process for each collection according to the collection timing guidelines.

Shipping Your Test Back to the Lab:

- Once samples are dry, fold outer cover back over filter paper strip and place into plastic bag, **taking care not to touch the filter paper** portion.
- Place the cards into the biohazard bag.
- If you haven't already done so, **please fill out the Hormone Questionnaire now**. This is important for interpreting of results.
- Fold the Requisition form and completed Hormone Questionnaire and place in the outside pocket of the biohazard bag, along with payment, if required.
- Place the biohazard bag into the provided return envelope. The box that contained the collection cards can be recycled.
- Ship back to Meridian Valley Lab using the provided courier service:

To schedule a pick-up:

UPS: 1-800-742-5877

FedEx: 1-800-436-3339 (Alaska & Hawaii)

To find a drop-off location:

UPS: https://www.ups.com/dropoff?loc=en_US

FedEx: <http://www.fedex.com/us/dropbox/>

Hormone Questionnaire for Dried Urine Panels

Please fill out **BOTH SIDES** of this questionnaire as completely as possible.
The information you provide is confidential and will be used to help us provide interpretative information to your health care provider and improve our tests.

Last Name: _____ First Name: _____

Age: _____ Height: _____ Weight: _____ Blood Pressure: _____

Collection #1: _____
date/time _____
Collection #2: _____
date/time _____
Collection #3: _____
date/time _____
Collection #4: _____
date/time _____

Symptoms

Please report the symptoms and conditions you are experiencing using a 0-5 scale:

0 1 2 3 4 5

None or
Never

Mild or
Infrequent

Moderate or
Frequent

Severe or
Daily

Please fill in the circle of the number that most closely corresponds to what you are experiencing.

<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Joint or Muscle Pain
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Fibromyalgia
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Headaches
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Neck or back pain
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Decreased strength
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Numbness in hands or feet
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Decreased flexibility
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Decreased muscle size
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Decreased stamina
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Insomnia/disturbed sleep
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Morning fatigue
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Evening fatigue
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Burned out feeling
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Apathy/Mental Fatigue
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Depression
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Mood swings/tearfulness
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Irritability/Anger
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Nervousness/anxiety
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Foggy thinking/ Loss of Concentration
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Forgetfulness/ Memory lapse

<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Stress
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	PTSD
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Heart palpitations
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Rapid heart beat
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Slow heart beat
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Dizzy spells/fainting
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	High blood pressure
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Low blood pressure
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Ringing in the ears
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Hearing loss
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Hoarseness
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Goiter/Swelling in neck
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Water retention
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Urinary incontinence
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Constipation
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Cold/Heat Intolerance
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Hot flashes
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Decreased sweating
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Excessive sweating/ Night sweats
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Insulin resistance or type II diabetes

<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Sugar cravings
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Low blood sugar
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	High cholesterol
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Elevated triglycerides
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Abdominal weight gain
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Bone loss
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Allergies
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Sensitivity to chemicals
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Decreased libido
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Fertility problems
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Loss of eyebrows
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Loss of scalp hair
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Puffy eyes/face
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Hair dry or brittle
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Nails breaking or brittle
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Thinning skin
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Acne
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Rapid aging
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Increased facial and/or body hair
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Other:

Women Only:

<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Vaginal Dryness
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Painful periods
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Heavy periods
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Bleeding changes
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Weight gain around hips
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Breast Tenderness/ Fibrocystic Breasts
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	PMS (Pre-menstrual Syndrome)
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Uterine fibroids

<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Endometriosis
<input type="radio"/> 1 Yes <input type="radio"/> 2 No	History of miscarriage
<input type="radio"/> 1 Yes <input type="radio"/> 2 No	Breast cancer
<input type="radio"/> 1 Yes <input type="radio"/> 2 No	Ovarian cancer
<input type="radio"/> 1 Yes <input type="radio"/> 2 No	Cervical cancer
<input type="radio"/> 1 Yes <input type="radio"/> 2 No	Uterine or endometrial cancer
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	(PCOS) Polycystic Ovarian Syndrome
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Other ovarian cysts

Men Only:

<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Decreased erections
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Decreased urine flow
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Increased urinary urge
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Prostate problems
<input type="radio"/> 1 Yes <input type="radio"/> 2 No	Prostate cancer
<input type="radio"/> 1 Yes <input type="radio"/> 2 No	Testicular cancer
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Breast development

Menstrual cycles: 1 Regular 2 Irregular 3 None
How many days, on average, between 1st day of one period to 1st day of next period? _____
Date of last menses: _____ On what day of your cycle did you collect? _____
(Day 1 is the first day of bleeding.)
Hysterectomy: 1 No 2 Yes If Yes, were your ovaries removed? 1 No 2 Both 3 One
Are you currently pregnant? 1 No 2 Yes Month of pregnancy _____
Are you currently breastfeeding? 1 No 2 Yes
When was the last time you were on hormone-based birth control? (IUD, pills, etc.) _____
How long did you use hormone-based birth control? _____

Please turn over to complete
the rest of the questionnaire.

