MOSAIC DIAGNOSTICS
Formerly Great Plains Laboratory

Hormones COMPREHENSIVE PROFILE
Hormones Plus COMPREHENSIVE PROFILE

Test Kit Contents

Start by identifying these nine elements of your test kit.

Plastic Bag containing: 4 Color-Coded Saliva Tubes (Pink, Green, Orange, Blue) and 4 straws

Test Kit Box

Insulated Cooler with Lid

Shipping Laboratory Pak

Test Requisition Form

Patient Survey

Ice Pack

Absorbent packing sheet

Preparing for Your Test

- **Important: Do not discontinue any medications or supplements without first consulting your healthcare practitioner.** Use the Specific Recommendations table as a guide to discuss with your practitioner.
- **Please read all of the instructions carefully.**
- **Place ice pack flat in your freezer,** so it will be ready to ship with your specimen.
- **Collect saliva on a day that is determined by you and your practitioner,** considering the recommendations table.
- **Locate and complete the barcode sheet in your test kit.** Place a barcode sticker on the clear side of the plastic bag. Be sure that the information is legible and includes the collection date and that the name matches what was provided on the test order.
- **Complete the Patient Survey** included in your test kit pack.
- **Find a clean, dry place to collect your samples** over the course of the day, preferably with access to a sink and a mirror.

For patients residing within the United States:
Collect your sample on a **Monday – Thursday** is important so that the specimen can get to our lab before the weekend.

For patients residing outside of the United States:
Collect and ship your sample on a **Monday or Tuesday.**

Specific Recommendations

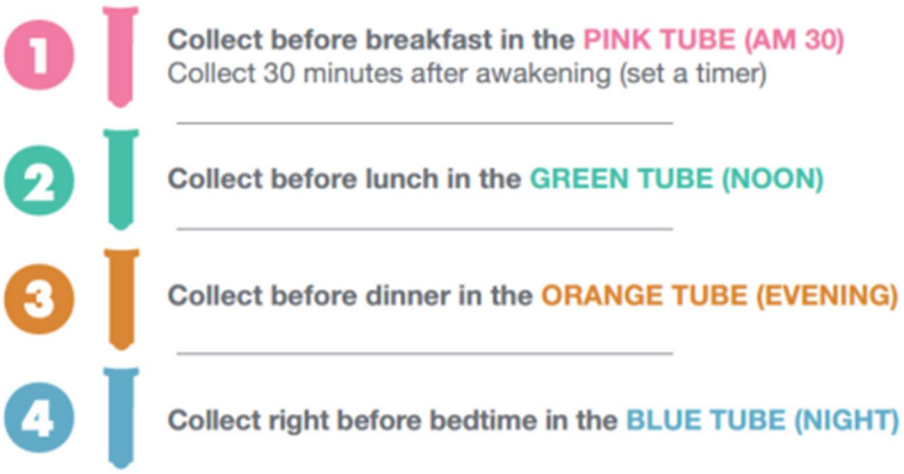
If you currently use:	Action Required:
Topical Hormones (Creams)	Last dose prior to collection to be taken and discontinued 12-24 hours prior to first saliva collection. Do not apply tropical hormones throughout the entire day of the saliva collection as it will contaminate your sample.
Sublingual Hormone Therapy	Last dose prior to collection to be taken and discontinued 24–36 hours prior to first saliva collection. Drink two 8 oz. glasses of water immediately after taking last dose. Do not apply sublingual hormones throughout the entire day of the saliva collection as it will contaminate your sample.
Oral Hormones (Pills or Tablets)	There are no restrictions. Use as prescribed even on day of collection.
Hormone Injections, Subcutaneous Pellets and Transdermal Patches	Time your collection for the halfway point between doses or injections. For instance, if you receive your injection on the first of each month, time your test for the 14th, 15th, 16th or 17th of the month.
Cortisol or Glucocorticoid Supplementation **Including hydrocortisone creams, steroidal anti-inflammatory pills, asthma inhalers**	Consult with your provider for instruction if you are taking a cortisol supplement for adrenal support (or any other glucocorticoid for medical reasons). Certain medications, including hydrocortisone creams and asthma inhalers, contain cortisol. To evaluate your natural cortisol production, it is recommended to stop using cortisol-containing products 5 days prior to sample collection. Consult with your provider prior to stopping cortisol-containing medication(s).
IUD for Birth Control	There are no restrictions. Collect on whatever day suits your schedule.
Vitamins or Other Supplements	Do not take on day of collection until you have completed all four samples.
Women with Menstrual Cycles	Collect 1 day during days 19-23 of a 28-day cycle, counting the first day of your period as day 1.
Post-menopausal women **Women who have had a hysterectomy** **Men not on hormones** **Adrenal function profiles only (cortisol, sigA, and / or DHEA)** **Women w/ hormonal IUD *and no cycle)**	Collect any day of the month. If you are taking hormones or are on cortisol and / or melatonin supplementation, please read the recommendations mentioned above.

Before You Take Your Test

- First saliva collection MUST be 30 minutes after awakening. Set a timer if necessary.
- Do Not:
  - Take any supplements until after you have collected all four samples.
  - Eat or drink anything 1 hour prior to saliva collection.
  - Brush, floss, or have dental work done 30 minutes prior to collection.
  - Consume food or drinks that contain caffeine all day.
  - Use any “anti-aging” creams.
- Before each saliva collection, wash hands and rise mouth with water, but wait 10 minutes to collect your saliva sample (to avoid dilution).
- Use of cosmetics is allowed.

Let’s Get Started

1. Collect saliva on a day that is determined by you and your practitioner. All 4 saliva samples must be collected in one day. The collection tubes are color-coded.
   - You may use the included straws to help funnel saliva into each tube (optional). Dispose of straws before shipping.
2. Collect sample, each tube should be 3/4 full. Bubbles or foam are acceptable.



3. After each saliva collection, snap saliva tube closed tightly. Place the sample immediately in the freezer. Sample to be frozen for at least 4-6 hours before shipping.
4. Record the date and times of each collection on the bag.

Preparing the Sample to Ship

1. Ensure the barcode label placed on the plastic bag has been completed and matches the test order (or Test Requisition Form).
2. Obtain the frozen tubes and ice pack from the freezer and place them in the plastic bag along with the absorbent packing sheet and seal.
3. Place the plastic bag into the Insulated Cooler with Lid. Place lid on cooler and place into kit box.
4. Place the Patient Survey and paper Test Requisition Form (if you did not register online) into the kit box and close, then place box into the Shipping Laboratory Pak.
5. Locate the shipping instruction card included in your test kit for details on how to ship your collection(s).

> ! **Ensure all samples are labeled. Unlabeled samples will be rejected.**

What's Next?

Your test results will be delivered to your doctor or health advisor generally within two weeks after they are received at Mosaic Diagnostics labs.

It will be up to your doctor or health advisor to review the results with you, identify any areas of interest or concern, and work with you to lay out the appropriate next steps.

Any Questions?

If you have questions about any aspect of the specimen collection or shipping process, please feel free to contact us:

Phone | Our friendly customer service team is available Monday through Friday 8am – 5pm CST at 800-288-0383
Email | CustomerService@MosaicDX.com

For questions about test outcomes or their implications for your health, please speak with your doctor or health and wellness advisor. Mosaic Diagnostics personnel cannot discuss test results directly with test patients or their family members.

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PATIENTS: PLEASE FILL OUT BOTH PAGES COMPLETELY AND RETURN TO THE LAB WITH YOUR SAMPLE(S)

PATIENT SURVEY

First Name | Middle Initial | Last Name | DOB (MM/DD/YY)

Symptoms: Please indicate the symptoms you are experiencing by filling in the boxes as follows: **0 = none, 1 = mild, 2 = moderate, 3 = severe**

Be sure to completely fill in the box with black or blue ink. Example: ■ Correct ▬ ☒ ◉ Incorrect

ALL INDIVIDUALS

0	1	2	3	
☐	☐	☐	☐	Difficulty Concentrating
☐	☐	☐	☐	Increased Forgetfulness
☐	☐	☐	☐	Foggy Thinking
☐	☐	☐	☐	Tearful
☐	☐	☐	☐	Depressed
☐	☐	☐	☐	Mood Swings
☐	☐	☐	☐	Fluid Retention/Bloating
☐	☐	☐	☐	Stress
☐	☐	☐	☐	Anxious
☐	☐	☐	☐	Irritable
☐	☐	☐	☐	Nervous
☐	☐	☐	☐	Decreased Mental Sharpness
☐	☐	☐	☐	Morning Fatigue
☐	☐	☐	☐	Afternoon Fatigue

0	1	2	3	
☐	☐	☐	☐	Evening Fatigue
☐	☐	☐	☐	Excessive Worry
☐	☐	☐	☐	Difficulty Falling Asleep
☐	☐	☐	☐	Difficulty Staying Asleep
☐	☐	☐	☐	Decreased Stamina
☐	☐	☐	☐	Diminished Motivation
☐	☐	☐	☐	Fibromyalgia
☐	☐	☐	☐	Ringing in Ears
☐	☐	☐	☐	Allergies
☐	☐	☐	☐	Headaches/Migraines
☐	☐	☐	☐	Dizzy Spells
☐	☐	☐	☐	Sugar Cravings
☐	☐	☐	☐	Craving Food, Alcohol, Tobacco, or Other

0	1	2	3	
☐	☐	☐	☐	Poor Impulse Control
☐	☐	☐	☐	Obsessive Behavior (OCD)
☐	☐	☐	☐	Addictive Behavior
☐	☐	☐	☐	Constipation
☐	☐	☐	☐	Goiter
☐	☐	☐	☐	Cold Body Temperature
☐	☐	☐	☐	Hoarseness
☐	☐	☐	☐	Hair Dry or Brittle
☐	☐	☐	☐	Nails Breaking or Brittle
☐	☐	☐	☐	Slow Pulse Rate
☐	☐	☐	☐	Rapid Heartbeat
☐	☐	☐	☐	Heart Fluttering/Palpitations
☐	☐	☐	☐	Incontinence
☐	☐	☐	☐	Hot Flashes

0	1	2	3	
☐	☐	☐	☐	Night Sweats
☐	☐	☐	☐	Infertility Concerns
☐	☐	☐	☐	Acne
☐	☐	☐	☐	Scalp Hair Loss
☐	☐	☐	☐	Weight Gain-Hips
☐	☐	☐	☐	Weight Gain-Waist
☐	☐	☐	☐	High Cholesterol
☐	☐	☐	☐	Elevated Triglycerides
☐	☐	☐	☐	Decreased Libido
☐	☐	☐	☐	Decreased Muscle Size
☐	☐	☐	☐	Decreased Flexibility
☐	☐	☐	☐	Burned Out Feeling
☐	☐	☐	☐	Sore Muscles
☐	☐	☐	☐	Increased Joint Pain

0	1	2	3	
☐	☐	☐	☐	Neck or Back Pain
☐	☐	☐	☐	Bone Loss
☐	☐	☐	☐	Thinning Skin
☐	☐	☐	☐	Rapid Aging
☐	☐	☐	☐	Aches and Pains
☐	☐	☐	☐	IBS

☐ Personal/family history of breast, uterine, or ovarian cancer

AMINO ACIDS OR OTHER MEDICATION USE

Indicate if you have taken any of the following in the stated time frame:

	Less than 12 hours	12-36 hours	36 hours-2 weeks
5-HTP	☐	☐	☐
GABA	☐	☐	☐
Glutamine	☐	☐	☐
Gycine	☐	☐	☐
Histidine	☐	☐	☐
Phenylalanine	☐	☐	☐
Phenethylamine (PEA)	☐	☐	☐
SAMe	☐	☐	☐
Theanine	☐	☐	☐
Tryptophan	☐	☐	☐
Tyrosine	☐	☐	☐
Epinephrine-containing meds	☐	☐	☐

WOMEN ONLY

0	1	2	3	
☐	☐	☐	☐	Vaginal Dryness
☐	☐	☐	☐	Irregular Periods
☐	☐	☐	☐	Uterine Fibroids
☐	☐	☐	☐	Tender Breasts
☐	☐	☐	☐	Fibrocystic Breasts
☐	☐	☐	☐	Increased Facial/Body Hair

MEN ONLY

0	1	2	3	
☐	☐	☐	☐	Decreased Urine Flow
☐	☐	☐	☐	Increased Urinary Urge
☐	☐	☐	☐	Prostate Problems
☐	☐	☐	☐	Decreased Erections

THIS SPACE FOR LAB USE ONLY

12/21

CONTINUE TO OTHER SIDE FOR HORMONE USE

Hormone Use: Please note all hormones (including hormonal birth control) you have used in the past 2 months, and note any hormone pellets you had inserted in the last 6 months. Fill in the boxes corresponding to current use. ***Be sure to completely fill in the box with black or blue ink.***

	Conjugated Estrogens (i.e. Premarin)	**Estradiol + Progestin** (i.e. birth control pills, HRT)	**Progestin only** (i.e. minipill, Depo injection, IUD)	**Estrone** (E1)	**Estradiol** (E2)	**Estriol** (E3)	**Progesterone** (P4)	**Testosterone** (T)	**DHEA**	**Corticosteroid** (i.e. cortisol, hydrocortisone, prednisone)	**Pregnenolone**	**Thyroid**	**Melatonin**
1. How is your hormone therapy administered?													
Topical Cream or Gel, or Vaginal Suppository	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Topical Patch	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Oral	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sublingual (dissolved under the tongue)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
IM (intra-muscular) or SQ (sub-cutaneous) Injection	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
SQ Pellet	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Inhaler	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
IUD	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. How long between last use and first sample collection? For IUD/pellets/injections, mark the box to indicate date of insertion/injection.													
Less than 12 hours	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12-24 hours	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25-36 hours	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
37-72 hours	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4-7 days	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8-14 days	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15-45 days	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1.5-4 months	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4-6 months	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6 months or more	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. What is your dosage regimen? (How often your hormone therapy is administered)													
Once a day	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Twice a day	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Once per week	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2-4 times per week	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Every 2 weeks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Monthly	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Every 3 months	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Every 6 months	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Continuous (IUD only)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. TOPICAL hormones used by members of your household	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐