

## Frequently Asked Questions

### 1. How long does it take to process the test?

On average, 5-7 business days from the day it is received.

### 2. If I collect my sample outside of the designated time frame, will it affect my test results?

You can collect your samples for up to one hour, before or after, the specified times. If you collected more than an hour outside of these times, you will need to recollect all of your samples (unless otherwise instructed by your provider). Please contact your provider for an additional test kit.

### 3. What if I collect into the wrong vial?

Simply change the labels on the vials in question to match your corresponding collections.

### 4. I am taking a certain medication or supplement. Do I need to discontinue while doing the test?

Please ask your provider; he or she can phone us for clarification.

### 5. What if I brushed my teeth or consumed food or liquids less than an hour before collecting a sample?

You will need to recollect. Please contact your provider for an additional test kit.

### 6. I am a resident of New York State. Can I do testing through your lab?

No. New York State has additional licensing requirements that we have chosen not to pursue at this time.

### 7. How much is the test?

For test fees, please contact your ordering healthcare provider.

### 8. Can you send me an itemized statement?

If you send payment to us directly, we will automatically send you an itemized insurance statement. If you paid your physician, please contact him or her for a statement.

For additional information, please see Frequently Asked Questions on our website:

[www.diagnotechs.com/patient-faq](http://www.diagnotechs.com/patient-faq)

## Shipping Instructions

- Complete the patient portions of the test requisition form (front and back).
- Write your name and date of birth on all vials.
- Write your name and address on top of shipping box.
- Ship samples within 3 days of collection (keep refrigerated until shipment).
- Be sure required test orders are marked on the form. If they are not marked, please contact your provider for test orders.
- Include check or credit card information and a copy of Medicare or insurance card if applicable. Please do not send cash.
- Place vials, requisition form, and payment into shipping box.

■ **US Domestic:** Tuck front flap into box and seal with UPS mailing label (included in box). Place label within dashed lines and adhere over front edge. Send from your most convenient UPS location. Replacement and expedited UPS labels are available on our website: [www.diagnotechs.com/return-a-kit](http://www.diagnotechs.com/return-a-kit)



■ **International:** Delivery charges do apply. Seal box with clear tape. International deliveries should be addressed to the physical address only (see address provided below). Deliveries can be made Monday through Friday via a private courier of your choice. Discounted return UPS labels are available on our website: [www.diagnotechs.com/return-a-kit](http://www.diagnotechs.com/return-a-kit)

**Diagnos-Techs, Inc.**  
Sample Processing  
840 S 333rd St.  
Federal Way, WA 98003 USA



# Adrenal Stress Index Panel™

## Specimen Collection Instructions

Use this collection kit for the following panels or individual tests:

### Panels

- **ASI - Adrenal Stress Index** (includes: TAP (Cortisol x4), DHEA/DHEA-S, Insulin (fasting and non-fasting), MB2S, FI-4 & P17-OH)
- **NLASI - TAP Panel with DHEA/DHEA-S** (includes: TAP (Cortisol x4) and DHEA/DHEA-S)
- **TAP - Temporal Adrenal Profile** (includes Morning, Noon, Afternoon and Midnight Cortisols)
- **ISN - Insulin** (includes fasting and non-fasting insulin)

### Individual Tests

- Cortisol x4
- DHEA/DHEA-S
- Insulin (fasting)
- Insulin (non-fasting)
- 17-OH Progesterone (P17-OH)
- Total salivary slgA (MB2S)
- Gluten (gliadin) slgA (FI4)

### Contents

4 Blue-capped 5ml vials with cotton  
1 Blue-capped 5ml vial without cotton

Orange absorbent shipping pad

Resealable bag

Requisition form

Preprinted shipping label (U.S. only)



**DiagnosTechs™**

THE LEADING LAB IN SALIVA TESTING SINCE 1989

## General Guidelines

Please read ALL instructions before starting to collect and fill out the test requisition form completely.

Unless instructed otherwise by your provider, complete all 5 saliva collections per instructions below for any test(s) ordered. Collect on a day that represents your typical and usual lifestyle. **Write your name and date of birth on all vials and on the front of the test requisition form.**

### 3-5 days prior to collection:

Unless your provider instructs you otherwise, avoid taking dissolvable or sublingual hormone preparations (troches, pellets, drops). Instead, swallow these preparations without letting them dissolve in the mouth (for liquid preparations, mix with a few ounces of water).

**The entire day before collection and throughout the day of collection: Avoid all hormones (regardless of form), and all topical skin care products unless directed otherwise by your provider.** If you have any questions, please follow-up with your provider.

### Dietary restrictions on day of collection:

Please consult with your provider regarding whether to avoid coffee, tea, or other caffeinated or decaffeinated beverages (products labeled "caffeine-free" are okay).

You may eat and drink throughout the day as usual. Please avoid eating or drinking anything except water for 60 minutes before each saliva collection.

**MEDICATION NOTE:** Consult your physician if using spironolactone, progesterone, corticosteroids (including hydrocortisone preparations), or any other drug or hormone; or if you have any questions.

## Saliva Collection

All samples must be collected on the same day, starting with the morning vial and ending with the midnight vial. Suggested collection times are as follows:

**Waking/Morning/Fasting** (no food or drink for 6-8 hrs prior to morning collection): Collect within the first 30 minutes of waking, ideally between 6am-8am.

**Noon:** 11am-1pm

**Afternoon:** 4pm-5pm

**Midnight/Bedtime:** 10pm-Midnight

**H vial** (no cotton): A morning or mid-day collection is preferred. Collect at least one hour away from all other vials.

**60 minutes before each collection:** Avoid smoking, brushing or flossing your teeth, using mouthwash, and eating or drinking anything except water.

**3-5 minutes before each collection:** Rinse mouth thoroughly with cold water for approximately 30 seconds. Wash hands prior to handling cotton roll or vials.

### How to Collect Saliva

1. Remove cotton from vial.
2. Place cotton under tongue.
3. Hold cotton under tongue until mouth fills with saliva. This may take up to 20 minutes. (Do not chew or suck on the cotton.)
4. Return saturated cotton roll to vial and recap tightly.



If you experience difficulty saturating the cotton roll, you may discard it and collect saliva into the vial directly. For collection without using cotton, fill the vial up to the third line from the bottom or at least half-full (excluding bubbles). To reduce the amount of bubbles, cap vial and place in the freezer for 2-3 minutes. Remove vial from freezer and lightly tap vial on a countertop or tabletop. This should help to settle the bubbles and enable further collection.

### If you have difficulty producing sufficient saliva:

Chew dental-grade paraffin wax; smell a lemon wedge, vinegar, or pickle juice; or smell your favorite food item to promote flow. Collect saliva 2-3 minutes later.

Cap vial tightly and place in the provided resealable bag with orange absorbent shipping pad. Upon collection, **REFRIGERATE** each sample and **ship all samples together the next day (preferred) or within 3 days of collection.** Follow the shipping instructions outlined on the back of this instruction pamphlet.

After **ALL** samples are collected, return them along with the **test requisition form** (do not include this instruction pamphlet). Prior to shipping, double-check that your name and date of birth are printed on each vial and the front of the test requisition form.



## Carbohydrate Stimulation Test

To optimally screen for insulin resistance, the insulin response needs to be assessed after eating a carbohydrate-rich meal. This may be contraindicated in some conditions, therefore please ask your provider for guidance if you are currently following a low-carbohydrate diet.

Unless your provider instructs you otherwise, please consume 75 grams of carbohydrates as part of a meal (that may also contain protein and fat) 60 minutes prior to your NOON saliva collection.

Each food serving below contains 15 grams of carbohydrates. Consume five servings from this list in any combination to provide a total of 75 grams of carbohydrates. For additional food choices and instructions, visit [www.diagnostechs.com](http://www.diagnostechs.com) and select **Patients -> Download Forms -> Carbohydrate Stimulation Test.**

- 1 slice bread (white or whole grain)
- 1/3 cup cooked rice (white or brown)
- 1/2 cup cooked pasta (white or whole grain)
- 1/3 cup dried beans or peas
- 3 cups popcorn
- One 6-inch tortilla
- 1/2 cup mashed potatoes
- 1 cup squash cubes
- 1/2 cup apple or orange juice
- 1 small fruit (apple, kiwi, orange, etc.)
- 3/4 cup blueberries
- 1/4 cup dried fruit