



dutchtest[®]
CYCLE MAPPING **PLUS**

Collection Instructions

*Your DUTCH Cycle Mapping™ **PLUS** Kit Includes:*

- Collection Instructions (*read entirely before beginning*)
- **21 Urine Collection Devices + 4 Urine Collection Devices**
- **6 Saliva Collection Devices**
- *Two Sealable Plastic Bags (for return of dried urine collection strips and saliva tubes)*
- *Requisition Form (must be filled out completely)*
- *Return Envelope*
- *Payment Card (if necessary)*

Welcome

This test will take a great deal of time as you will be collecting a series of samples throughout the course of one menstrual cycle. Please read the collection instructions thoroughly prior to starting; for additional assistance, please watch the Cycle Mapping Collection video on our website:

[**www.dutchtest.com/videos/sample-collection**](http://www.dutchtest.com/videos/sample-collection)

or call **503.687.2050** before you begin if you have any questions.

Let's Get Started

Who should test?

This test is intended for women with cycling ovaries who are menstruating **OR** women who are not menstruating because they have had a partial hysterectomy (ovaries intact) or ablation.

Let's Get Started (continued)

This test is not intended for women who **are not** cycling, on hormonal birth control, hormone replacement therapy or are post-menopausal, unless otherwise instructed by your healthcare practitioner.

****If you are taking hormone therapy, specifically estrogens, progesterone or pregnenolone, it is typically required to stop for the collection period. Do not stop any prescription hormones unless instructed by your provider.**

Oral estrogen, progesterone, or pregnenolone taken during the collection schedule will produce high levels of hormone metabolites measured that will not correlate with blood levels. This increase lasts for up to 48-72 hours after taking the hormone. If you are taking oral estrogen, progesterone or pregnenolone, please contact your healthcare practitioner before taking this test.

Cycling:

Day 1 of your cycle should be considered the first day with menstrual flow (not just spotting). Collection will begin on the seventh day of your cycle.

The *Last 4 Urine & 5 - 6 Saliva Samples* will be collected on the fourth day after the start of your new cycle.

Non Cycling:

(Functional ovaries without regular menstrual bleeding)

Start collections any day.

*To keep track of all 25 samples, and 5 or 6 saliva samples, fill in the date of collection on your schedule **AND** on each urine and saliva collection device.*

FREQUENTLY ASKED QUESTIONS

Can I collect samples away from home?

Yes. Urine samples can be collected and kept in a ziploc bag (not the one enclosed), for no more than 24 hours, and then dried. Saliva samples should be frozen within 12 hours.

How long can I keep the set of samples before sending them in?

The samples should be sent back as soon as possible. If you have to wait to send them in, place dried urine samples in the freezer with saliva samples until ready to send.

What if I miss a collection?

Collect the sample as instructed the following day. **This does NOT apply to the three morning saliva samples** — they must be completed together.

What if I am unable to urinate at the specific time?

Simply drink some fluids and go as soon as you are able.

FREQUENTLY ASKED QUESTIONS CONTINUED...

What if my regular sleep schedule is abnormal? (night workers, etc.)

Begin collecting your “waking” sample(s) after your longest stretch of sleep. Please call the lab for specific instructions.

How to Collect Urine

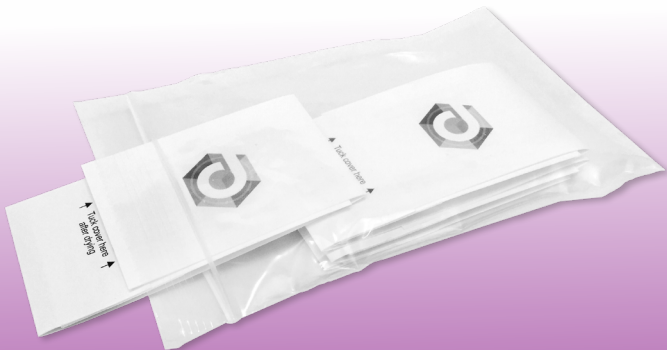
1. Complete all information on each urine collection device. Fill in the day of cycle and date of collection with pen (not a gel pen).

First Name/Initial _____
Day of Cycle (female only) _____
Patient Last Name _____
Date of Collection _____ AM PM (circle one)
Time of Collection _____
Type of sample (you MUST circle one):
1. Dinnertime
2. Bedtime
3. Waking
4. 2-Hrs after waking
5. Extra overnight sample



2. Collect your samples with your first morning void/urination. Saturate the filter paper by urinating directly on it OR urinating into a clean cup and dip the filter paper for 5 seconds.
3. Leave each sample open to **dry for at least 24 hours.**

4. Once dry, close each collection device and conveniently store in the kit box until you are done collecting all samples.
5. Continue collecting according to your cycle schedule. Once ALL samples are completely dry, place them in the enclosed plastic bag and seal.



Which schedule should I use?

Simply Answer: **How long is your typical cycle?**

Normal Cycle or Short Cycle	If your cycle is 34 days or shorter, collect according to the Normal Cycle schedule until your next menses begins.
Long Cycle	34 days or more
No Cycle	Cycle without bleeding-partial hysterectomy, ablation

You will use only one schedule (on pages 10, 12, 14) and ignore the others.

Normal or Short Cycle

(Less than 34 days)

COLLECTION SCHEDULE

If you miss a collection
simply collect the following
day and continue the
schedule as listed.

You do not need to collect days 1 - 6 of your cycle. Your 21 urine collection devices are tracked in numerical order in the "Sample" column.

COLLECTION #1 *(ideal collection time is at waking)*

Day 7 of your cycle

Fill in the date on the chart to help keep track of each sample you collect.

If menstrual flow begins (not just spotting) before Sample #21, collect one more sample (the next day) then skip to **Last 4 Urine & 5 - 6 Saliva Samples (see page 22)**.

If you complete sample #21 and have not started your next cycle, please call the lab at **503.687.2050**.

Cut on the dotted line and return this chart with your samples.

SAMPLE	CYCLE	DATE
#1	Day 7	
#2	Day 9	
#3	Day 10	
#4	Day 11	
#5	Day 12	
#6	Day 13	
#7	Day 14	
#8	Day 15	
#9	Day 16	
#10	Day 17	
#11	Day 18	

SAMPLE	CYCLE	DATE
#12	Day 19	
#13	Day 20	
#14	Day 21	
#15	Day 22	
#16	Day 24	
#17	Day 26	
#18	Day 28	
#19	Day 30	
#20	Day 33	
#21	Day 36	

New cycle start date:

(1st day of menstrual flow)
Go to page 21 for additional
collection.

Long Cycle

(34 days or more)

COLLECTION SCHEDULE

If you miss a collection
simply collect the following
day and continue the
schedule as listed.

You do not need to collect days 1 - 6 of your cycle. Your 21 urine collection devices are tracked in numerical order using the "Sample" column.

COLLECTION #1 *(ideal collection time is at waking)* Day 7 of your cycle

Fill in the date on the chart to help keep track of each sample you collect.

If menstrual flow begins (not just spotting) before Sample #21, collect one more sample (the next day) then skip to **Last 4 Urine & 5 - 6 Saliva Samples (see page 22)**.

If you complete sample #21 and have not started your next cycle, please call the lab at **503.687.2050**.

Cut on the dotted line and return this chart with your samples.

SAMPLE	CYCLE	DATE
#1	Day 7	
#2	Day 11	
#3	Day 15	
#4	Day 17	
#5	Day 19	
#6	Day 20	
#7	Day 21	
#8	Day 22	
#9	Day 23	
#10	Day 24	
#11	Day 25	

SAMPLE	CYCLE	DATE
#12	Day 27	
#13	Day 29	
#14	Day 31	
#15	Day 34	
#16	Day 37	
#17	Day 40	
#18	Day 43	
#19	Day 47	
#20	Day 51	
#21	Day 55	

New cycle start date:

(1st day of menstrual flow)

Go to page 21 for additional collection.

No Cycle

(If functional ovaries, but no menstrual flow)

COLLECTION SCHEDULE

Your 25 urine collection devices are tracked in numerical order using the “Sample” column.

COLLECTION #1 *(ideal collection time is at waking)*

Start any day

Collect samples #1–16 every other day.

Fill in the date on the chart to help keep track of each sample you collect.

Samples #17–21 will not be needed. After completing sample #16 on day 31, skip day 32.

On day 33, collect the **Last 4 Urine & 5 - 6 Saliva Samples** *(see page 22)*.

Cut on the dotted line and return this chart with your samples.

SAMPLE	CYCLE	DATE
#1	Day 1	
#2	Day 3	
#3	Day 5	
#4	Day 7	
#5	Day 9	
#6	Day 11	
#7	Day 13	
#8	Day 15	
#9	Day 17	
#10	Day 19	

SAMPLE	CYCLE	DATE
#11	Day 21	
#12	Day 23	
#13	Day 25	
#14	Day 27	
#15	Day 29	
#16	Day 31	
#17	These samples will not be needed. Skip to the last four samples on day 33.	
#18		
#19		
#20		
#21		

Last 4 Urine Samples PLUS Saliva Collection

COLLECTION SCHEDULE

The 4 urine and 5 - 6 saliva samples are to be collected in one day, on the fourth day of your new cycle OR day 33 if you are using the No Cycle Schedule.

Any non-essential medications or supplements normally taken in the morning should be taken after Sample #23. No caffeine or alcohol. Limit fluid intake to 40 oz. evenly spread throughout the day. See restrictions inside top of kit before starting collection.

RESTRICTIONS

When Collecting Your LAST URINE & SALIVA SAMPLES*

Foods:

Avoid **avocado, bananas, fava beans** for 48 hours before collecting the **LAST 4 SAMPLES* ONLY** as they may elevate the HVA organic acid result; if you do consume, please make a note on your requisition form.

Supplements:

Some supplements may impact the HVA organic acid result. If you take any of the following, please consult your provider:

Tyrosine, L-Dopa, D,L-Phenylalanine (DLPA), Mucuna and Quercetin.



How to Collect Saliva

1. Begin collecting right when you wake up, before getting out of bed. Remove the blue cap and place the cotton swab from the collection device in mouth.
2. Leave in mouth until fully saturated but not longer than 5 minutes. Lightly chewing on the swab may help stimulate saliva flow.
3. Once done, place swab back in the same tube, just as you found it. Do not remove the inner tube. **You do not need to spit into the tube.** Touch the swab as little as possible with your hands. **Label each device completely.**
4. Please **Freeze** all saliva samples until they are ready to ship.



Important Note: For the waking sample, set the saliva collection device, the requisition form, and a pen next to your bed. It is helpful to have a timer nearby to set for 30 and 60 minutes after you have begun your first collection. After collecting the first sample, it is best for you to be in a well-lit place.

INSOMNIA (OVERNIGHT) CORTISOL COLLECTION INSTRUCTIONS *

If you struggle with staying asleep during the night, keep this sample collection device close to your bed and collect at the time of your sleep disturbance. This can easily be done without further disturbing your sleep (you may complete the label after rising for the day).

Do not return this tube with the others unless you collected; an additional fee will apply.

WHAT INSIGHT DOES THE INSOMNIA CORTISOL MEASUREMENT OFFER?

Elevated cortisol production may contribute to sleep disturbances in some cases. This new Insomnia Sample can be collected to investigate cortisol's role in your sleep problems. This sample may be collected the night before the other Cycle Mapping™ samples or by itself on a separate night when you are struggling with sleep disturbances, generally done between 12:00 - 4:00 am.

** Additional fee applies.*



WHEN TO COLLECT

READ THROUGH CAREFULLY BEFORE PROCEEDING

While adhering to your most common wake/sleep schedule, collect as close as possible to the timeline.

Don't forget to label each sample as you go.

COLLECTION RULES - Read Carefully!

Avoid caffeine and alcohol on collection day and the night before.

Avoid exercise on collection day.

Do not brush your teeth until after collections #3 and #6.

Do not floss the day of collection or until ALL samples are collected.



FLUID RESTRICTIONS GUIDELINES

Please limit the amount of fluid intake the night before and the day of the test.

Urine samples are best if they are not too dilute. The outline below is a general, fluid-intake guideline to optimize your test results. You may require more or less fluids. You may drink freely after your last urine samples are collected.

- Avoid morning food and drink until after collection **#3**.
- Limit total fluid intake for the rest of the day to no more than 40 oz., spaced throughout the day.
- Avoid food and fluids entirely the hour before collections **#5** and **#6**.

Upon Waking

Collect **saliva** immediately upon waking, and complete within 5 minutes. Set a timer for next sample at 30 minutes and collect the first **urine** sample. **Do not brush or floss.** Limit yourself to light activities like showering and getting dressed.

30 Min After Waking & 60 Min After Waking

Collect **saliva** 30 and 60 minutes after waking. After collecting both of these samples, you may eat and brush your teeth.

#1

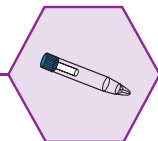


No food or drink

#2



+30



No food or drink

#3



+60



2-3 Hrs After Waking

Collect **urine** only, two to three hours after you wake up.

4pm to 5pm & 10pm to Midnight

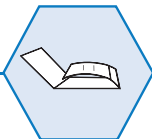
Collect both **urine** and **saliva** between 4-5pm (before your evening meal) and between 10pm-Midnight (or at bedtime, if before 10pm). **Rinse your mouth with water 10 minutes prior to collecting saliva.**

*Insomnia Overnight Cortisol Collection

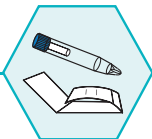
Collect **saliva** immediately at the time of your sleep disturbance.

*Additional fee applies

#4



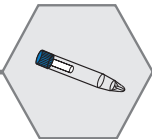
#5



#6



#7



*Optional

SAMPLE

TIME

DATE

Last 4 Urine/ 5-6 Saliva Samples

#1 Waking - Saliva	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	
#1 Waking - Urine	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	
#2 +30 Min. After Waking - Saliva	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	
#3 +60 Min. After Waking - Saliva	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	
#4 2-3 hrs After Waking - Urine	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	
#5 4pm - 5pm - Saliva	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	
#5 4pm - 5pm - Urine	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	
#6 10pm - Midnight - Saliva	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	
#6 10pm - Midnight - Urine	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	
#7 Overnight Insomnia - Saliva	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	

How to Return

Upon Completion

1. After drying the urine collection devices make sure each sample is clearly labeled.
2. Place the urine collection devices in the resealable plastic bag and store in the test kit box.
3. Cut out the completed collection schedule from pages 10, 12, or 14 and page 22. Complete the enclosed requisition form.

Shipping Information

1. Place the entire test kit box, the completed collection schedule, and requisition form inside the return envelope.
2. Affix the prepaid label or postage, if applicable. Return using the appropriate carrier.



**** International patients: please check with your practitioner on where to return the kit if there is not a return envelope/label included. Avoid leaving out in warm weather.**



Questions? Call us at 503.687.2050

www.dutchtest.com



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