This 24 hour collection kit MUST be mailed to the lab as soon as possible.

physicians® LAB

State-of-the-art Science. Superior Solutions.®

Please check all before shipping:

- ☐ Placed tubes in kit box
- ☐ Placed frozen ice pack on tubes in kit box
- ☐ Completed questionnaire (online or paper form)
- ☐ Indicated collection times (online or paper form)
- ☐ Placed completed questionnaire in kit box
- ☐ Placed completed billing/PHI form in kit box
- ☐ Submitted a copy of front & back of insurance card (online or in kit)

Thank you for choosing Physicians Lab!
877-316-8686

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Tear here and return form below with kit

Symptoms:

Female Patients

	Never/ None	Sometimes/ Mild	Often/ Moderate	Always/ Severe
Abdominal pain	☐	☐	☐	☐
Abundant light-colored urine	☐	☐	☐	☐
Aches and pains	☐	☐	☐	☐
Acne	☐	☐	☐	☐
Allergies	☐	☐	☐	☐
Anxious	☐	☐	☐	☐
Bleeding changes	☐	☐	☐	☐
Bone Loss	☐	☐	☐	☐
Bruises Easily	☐	☐	☐	☐
Cold body temperature	☐	☐	☐	☐
Constipation	☐	☐	☐	☐
Coughing up blood	☐	☐	☐	☐
Coughing up tinged phlegm	☐	☐	☐	☐
Craves salt and salty foods	☐	☐	☐	☐
Decreased libido	☐	☐	☐	☐
Decreased muscle size	☐	☐	☐	☐
Decreased stamina	☐	☐	☐	☐
Decreased sweating	☐	☐	☐	☐
Deep forehead wrinkles	☐	☐	☐	☐
Depressed	☐	☐	☐	☐
Diarrhea	☐	☐	☐	☐
Does not feel rested in morning	☐	☐	☐	☐
Easily fatigued when exercising	☐	☐	☐	☐
Elevated triglycerides	☐	☐	☐	☐
Evening fatigue	☐	☐	☐	☐
Excessive coughing	☐	☐	☐	☐
Excessive sweating	☐	☐	☐	☐
Eyebrows thinner on the sides	☐	☐	☐	☐
Fibrocystic breasts	☐	☐	☐	☐
Fibromyalgia	☐	☐	☐	☐
Foggy thinking	☐	☐	☐	☐
Frequent respiratory infections	☐	☐	☐	☐
Gains weight easily	☐	☐	☐	☐
Goiter	☐	☐	☐	☐
Hair dry or brittle	☐	☐	☐	☐
Headaches	☐	☐	☐	☐
Hearing loss	☐	☐	☐	☐
Heart palpitations	☐	☐	☐	☐
High blood pressure	☐	☐	☐	☐
High cholesterol	☐	☐	☐	☐
Hoarseness	☐	☐	☐	☐
Hot flashes	☐	☐	☐	☐
Incontinence	☐	☐	☐	☐
Increase facial or body hair	☐	☐	☐	☐
Increased appetite	☐	☐	☐	☐
Increased fat	☐	☐	☐	☐
Increased number of age spots	☐	☐	☐	☐
Increased sex drive	☐	☐	☐	☐
Increased urinary urge	☐	☐	☐	☐
Infertility problems	☐	☐	☐	☐
Irritable	☐	☐	☐	☐
Joint pain	☐	☐	☐	☐
Joints swelling	☐	☐	☐	☐
Lightheaded when standing	☐	☐	☐	☐
Limited flexibility	☐	☐	☐	☐
Longer to recover after exercise	☐	☐	☐	☐
Loss of body and pubic hair	☐	☐	☐	☐
Loss of scalp hair	☐	☐	☐	☐
Low blood pressure	☐	☐	☐	☐
Low blood sugar	☐	☐	☐	☐
Memory lapse	☐	☐	☐	☐
Mood swings	☐	☐	☐	☐
Morning fatigue	☐	☐	☐	☐
Nails breaking or brittle	☐	☐	☐	☐
Nervous	☐	☐	☐	☐
Night sweats	☐	☐	☐	☐
Numbness–feet or hands	☐	☐	☐	☐
Oily skin or hair	☐	☐	☐	☐
Overheating easily	☐	☐	☐	☐
Painful intercourse	☐	☐	☐	☐
Pale face	☐	☐	☐	☐
Poor appetite	☐	☐	☐	☐
Poor memory	☐	☐	☐	☐
Prolonged periods	☐	☐	☐	☐
Prop yourself up to sleep better	☐	☐	☐	☐
Rapid aging	☐	☐	☐	☐
Rapid heartbeat	☐	☐	☐	☐
Sagging cheeks	☐	☐	☐	☐
Sees color less vividly	☐	☐	☐	☐
Sensitivity to chemicals	☐	☐	☐	☐
Sensitivity to heat	☐	☐	☐	☐
Shortness of breath	☐	☐	☐	☐
Sleep disturbed	☐	☐	☐	☐
Slow pulse rate	☐	☐	☐	☐
Snoring	☐	☐	☐	☐
Strange dreams	☐	☐	☐	☐
Stress	☐	☐	☐	☐
Sugar craving	☐	☐	☐	☐
Swelling of ankles	☐	☐	☐	☐
Swelling or puffy eyes, face	☐	☐	☐	☐
Tearful	☐	☐	☐	☐
Tender breasts	☐	☐	☐	☐
Thinner lips	☐	☐	☐	☐
Thinning skin	☐	☐	☐	☐
Thirsty	☐	☐	☐	☐
Trouble falling asleep if woken	☐	☐	☐	☐
Unable to lose fat after diet	☐	☐	☐	☐
Unable to lose fat after exercise	☐	☐	☐	☐
Uses alcohol to help fall asleep	☐	☐	☐	☐
Uses meds to help fall asleep	☐	☐	☐	☐
Uterine fibroids	☐	☐	☐	☐
Vaginal dryness	☐	☐	☐	☐
Warm hands and feet	☐	☐	☐	☐
Water retention	☐	☐	☐	☐
Weight gain–hips	☐	☐	☐	☐
Weight gain–waist	☐	☐	☐	☐
Wheezing	☐	☐	☐	☐

PLEASE TEAR OFF THIS SHEET AND RETURN IT WITH YOUR TESTING KIT. YOU MUST ALSO RETURN THE BILLING/PHI FORM AND A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO ENSURE YOUR SAMPLES ARE PROCESSED.

Thank you for choosing Physicians Lab as your urinary hormone testing provider.

FEMALE: 24 HOUR COLLECTION INSTRUCTIONS

IMPORTANT: Confirm that it is YOUR NAME on all collection tubes. Please call 877-316-8686 if your name is NOT listed on the collection tubes.

TAKE ALL MEDICATIONS AS PRESCRIBED! See exceptions*

DO NOT STOP TAKING YOUR **HORMONES!**

***If you are taking Oral DHEA , Oral Testosterone, and/or Oral Estrogen**

- Take 16 hours before collecting and do not take the day of collection. The day after your collections are complete, resume as prescribed.

TIMING GUIDE - CHOOSING YOUR COLLECTION DATE

If you experience a menstrual cycle:
- The optimal time to collect is 7 days before you expect your next period.

If you administer or receive injections/pellets
- Start collecting at midpoint between injection/pellet inserts.

If you use patches
- Start collecting 1-2 days after applying patch.

If you use melatonin, hydrocortisone, and/or pregnenolone:
- Start collecting at least 16 hours after the last dose.

If none of these apply to you:
- You may collect on any day **unless** you are taking hormones. If you are taking hormones, collect on days you take hormones.

If you use hormone creams/topical hormones on the genitals:
- Apply your hormones as you normally do **until** the day prior to testing.
- The day prior to testing - apply your hormone cream to your upper inner arm and rub in well.
- On the day of testing - wake up and use a "Clean Catch" technique to collect your sample then apply your cream to your upper inner arm. Rub in well and be certain to **use gloves or an applicator** to apply hormones during testing.
- Continue to collect using a "clean catch" technique for the remainder of the day.
- Clean Catch Technique - Wipe from front to back with a clean damp cloth. Hold the labia apart while collecting urine. This will help prevent from washing the vaginal walls and contaminating the urine with residual cream.

IMPORTANT: Most rejected samples are a result of exceeding fluid restrictions, consuming caffeine and/or taking diuretic medications. **Please drink less than 8 oz. in between each collection** and minimize caffeine/diuretics to avoid sample dilution. Dilute samples will require re-collection and may incur an additional shipping fee. **All collection tubes must be sent back or samples may be rejected.**

If you are unsure about the exceptions and/or timing guide above, please contact our staff at 877-316-8686 for assistance before collecting.

Instructions for Collection

The night before testing:
- Limit your caffeine and diuretic intake for the next 24 hours and stop drinking fluids between 8pm and your first morning collection.
- Completely empty your bladder before bedtime. Do not collect this urine.
- Place the ice pack into the freezer.

On the day of collection:
- Collect urine into a disposable cup (not provided). Transfer urine from cup to color coded tubes as indicated below using plastic pipette (included).
- You will need to limit yourself to 5 urination times that will be collected 4 hours apart. If you are unable to limit the number of urinations to 5, call 877-316-8686 for further instructions. You may also use our text message reminder system to schedule collection times and prompt you when it is time to collect.
- Log your urination times on the page below where indicated. You may also enter your collection times online by logging in to PhysiciansLab.com, or by using our email and text messaging instructions.
- Samples can be kept at room temperature for a maximum of 12 hours, after which they **MUST** be refrigerated.
- Keep urine samples in your refrigerator until they are ready to be shipped.

Shipping:
- Place the urine samples and frozen ice pack into the box immediately before shipping and return using the pre-paid shipping envelope provided.

Overnight Collection: If you wake in the middle of the night to urinate, collect this sample in the **yellow-top** tube labeled "Overnight Collection." If you do not wake up in the middle of the night, fill both yellow tubes with your waking collection sample.

Collection 1:
Collect your first sample in the **yellow-top** tube labeled "waking collection" upon waking.

Collection 2:
4 hours later, collect your second sample in the **orange-top** tube labeled "4 hours after waking."

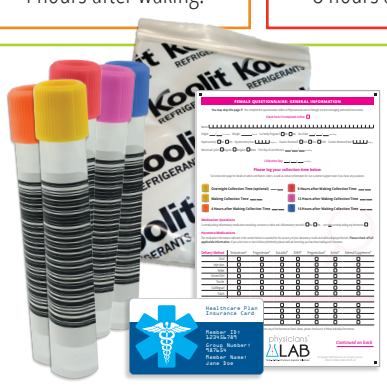
Collection 3:
4 hours later, collect your third sample in the **red-top** tube labeled "8 hours after waking."

Collection 4:
4 hours later, collect your fourth sample in the **pink/ lavender-top** tube labeled "12 hours after waking."

Collection 5:
4 hours later, collect your fifth and final sample in the **blue-top** tube labeled "16 hours after waking."

Returning Your Kit:

Place all these items in box:
- Tubes with frozen ice pack on top
- Billing/PHI and questionnaire forms
- Copy of your **insurance card** **(front & back)**



You may collect on any day of the week, but must ship the samples between Mon-Sat ONLY.

In the event you are not able to ship them next day, simply store the samples in the **refrigerator** until you can ship them.

Place your kit in the FedEx envelope and bring it to any certified FedEx drop off location, drop box, or local FedEx Office.

Place your kit in the USPS envelope and place it back in your mailbox for pick up, or bring it to any USPS drop box or local USPS office.

Need more help? Call 877-316-8686 Monday–Friday, 8am–5pm EST

Tear here and return form below with kit

FEMALE QUESTIONNAIRE: GENERAL INFORMATION

You may skip this page if: You complete this questionnaire online at PhysiciansLab.com or through our text messaging and email instructions.

Check here if completed online: ☐

Name: _____

Height: ____/____ feet/inches Weight: _____ pounds Currently Pregnant? ☐ No ☐ Yes Due Date: ____/____/____ mm/dd/yy

Hysterectomy? ☐ No ☐ Yes Hysterectomy Year: ____ 4 digit year Ovaries Removed? ☐ N/A ☐ One ☐ Both Ovaries Removed Year: ____ 4 digit yr

Menstrual Cycles: ☐ Regular ☐ Irregular ☐ None First Day of Last Menses: ____/____/____ mm/dd/yy

Collection Day: ____/____/____ mm/dd/yy

Please log your collection time below.

See instruction page for details on when and how to collect, as well as contact information for our customer support team if you have any questions.

Overnight Collection Time (optional) ____:____

Waking Collection Time ____:____

4 Hours after Waking Collection Time ____:____

8 Hours after Waking Collection Time ____:____

12 Hours after Waking Collection Time ____:____

16 Hours after Waking Collection Time ____:____

Medication Questions

Currently taking inflammatory medication containing cortisone or other anti-inflammatory steroids? ☐ No ☐ Yes I am not currently taking any hormones ☐

Hormone Medications

The medication information collected in the section below is essential for the accuracy of your laboratory results and will be displayed therein. **Please check off all applicable information.** If you select one or more Delivery Method(s) please indicate how long you have been taking each hormone.

Delivery Method	Testosterone*	Progesterone*	Estradiol*	DHEA*	Pregnenolone*	Estriol*	Adrenal Supplement*
Oral	☐	☐	☐	☐	☐	☐	☐
Injection	☐	☐	☐	☐	☐	☐	☐
Pellet	☐	☐	☐	☐	☐	☐	☐
Cream/Gel	☐	☐	☐	☐	☐	☐	☐
Troche	☐	☐	☐	☐	☐	☐	☐
Sublingual	☐	☐	☐	☐	☐	☐	☐
Patch	☐	☐	☐	☐	☐	☐	☐
How Long?							
0-3 Months	☐	☐	☐	☐	☐	☐	☐
3-6 Months	☐	☐	☐	☐	☐	☐	☐
6-12 Months	☐	☐	☐	☐	☐	☐	☐
12 +	☐	☐	☐	☐	☐	☐	☐

*If you are taking a medication that combines any of the hormones listed above, please check each of those individual hormones.

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Continued on back

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