



Sleep/Stress & Adrenal Test Requisition Form

(4x Melatonin, 4x C, & DHEA)

To view our instructional video visit:
www.VitalleoHealth.com/test-collection

support@vitalleohealth.com

Patient Information (Please Print Clearly)

First Name: _____

D.O.B: ____/____/____

Last Name: _____

Age: _____

Email: _____

Gender: ☐ M ☐ F

Phone: (____) ____-____

Height: ____ ft ____ inches

Address: _____

Weight: _____ lbs

City: _____

Waist: ____ inches

State: _____ Zip Code: _____

Medication Use (Please include any birth control methods)

Medication Type	Brand	Delivery	Dosage	Last Used	Times Per Day	How Long Used
<i>Example Testosterone</i>	<i>XYZ Cream</i>	<i>Topical</i>	<i>20 mg</i>	<i>mm/dd/yyyy</i>	<i>1</i>	<i>1.5 yrs</i>

Please provide other medications on a separate sheet if necessary. Include all supplements as well.

Current Menstrual Status (Women Only)

First day of last Menstrual cycle: ____/____/____

Hysterectomy? ☐ No ☐ Yes | If yes, year? ____

Length of Cycle: ____ days

Ovaries Removed? ☐ No ☐ Yes | If yes, year? ____

Please choose the option that best describes your cycles:

Currently Pregnant? ☐ No ☐ Yes | # of weeks ____

☐ Regular Cycles ☐ Irregular Cycles ☐ No Cycles

Currently on Birth Control? ☐ No ☐ Yes

Sample Collection Date & Time (Required for Sample Processing)

Saliva Sample Collection

Collection Date: ____/____/____

Morning Time: ____ : ____ am

Afternoon Time: ____ : ____ pm

Evening Time: ____ : ____ pm

Night Time: ____ : ____ pm

Physician Information (Please print administering physician and NPI #)

Physician Name: _____

NPI #: _____

Patient Signature

My signature indicates my request, authorization and/or consent for laboratory testing. I understand that test results are strictly informational. The Lab's review of my test requests and results does not represent diagnosis or treatment. I am responsible for contacting my personal health care provider for follow-up and interpretation of my test results.

x _____
Patient / Guardian / Guardian Relationship Signature

For Laboratory Use Only



SALIVA COLLECTION INSTRUCTIONS

PLEASE COLLECT ALL FOUR SAMPLES ON THE SAME DAY:

Sample #1: Upon awakening (at 30 minutes)

Sample #3: Afternoon (4 PM)

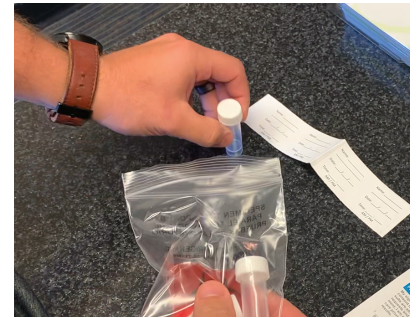
Sample #2: At noon (Mid-Day)

Sample #4: At bedtime (~9PM)

1. **Write down your sample tracking number** from the shipping label on the white envelope. Fill out and sign the requisition form. Please print the doctor's name and NPI# if you know it (ask your provider).

2. **Unscrew the cap on the collection tube.**

3. **Close your mouth and imagine eating your favorite food. Tilt your head forward and push the saliva down into the collection tube with your tongue. Continue until the tube is filled at least three fourths with saliva (NOT including the bubbles).**



4. **Close the cap and tighten it. An improperly capped tube may result in losing the sample during shipping.**

5. **Write your name, sample collection date, and time on the space provided on the sample collection tube. Hormone levels vary throughout the day and an incorrect time might affect your results.**

6. **Repeat for remaining tubes (if any) at the specified times and put them in the specimen bag.**

7. **Freeze the tubes until ready to ship.**

DO:

- Only open the bag when you are ready to collect a sample.
- Only withdraw one tube at a time.
- After collecting the sample, immediately place the label on the tube and store the sample in the freezer.

DO NOT:

- Do NOT drink alcoholic beverages on the day you collect your samples.
- Do NOT smoke or use tobacco, drink anything, or brush your teeth 30 minutes before you collect a sample.
- Do NOT consume dairy products, acidic or sugary foods within 30 minutes of collecting the sample.
- Do NOT eat a meal within 60 minutes before collecting samples #3 and #4.

FOR WOMEN:

- **Women with regular menstrual cycles:** Collect saliva between days 19-21 of cycle counting with the first day of your period being day 1.
- **Women with irregular menstrual cycles:** Collect saliva when not bleeding.
- **Post-Menopausal OR women who have had a hysterectomy:** Collect saliva any day of the month.