Dr. Justin Marchegiani - www.JustInHealth.com - Office@JustInHealth.com - Office (512) 535-1817 - Fax (707) 227-1529

DUTCH SEX HORMONE METABOLITES TEST INSTRUCTIONS

What you will receive in the mail (arrives in about a week):

1. One lab kit, which includes detailed instructions.

Before you ship your sample:

1. Fill out all required sections on both sides of the requisition form.
2. Include the requisition form inside the return box with your samples.
    - **Important**: If the requisition form is missing or not included, your sample may be discarded.
3. Use the return mailer or envelope provided in your kit and follow the collection instructions.
4. International patients: Please return your kit using priority mail to avoid delays. You may contact the lab directly with any shipping-related questions.

Choosing the correct requisition form:

- Make sure you are using the correct form for the **Sex Hormone Metabolites** test.
- Double-check your protocol sheet or invoice to confirm which form is needed.
- If you printed the wrong form, contact us and we will provide you with the correct one.

Next steps:

1. Dr. Justin will review your lab results with you as soon as they are available. We typically receive results within about 3 weeks from when the lab received your samples.
2. Make sure you have an appointment scheduled with Dr. Justin to go over your results.
3. Dr. Justin will share and review your lab results during your scheduled consultation.

Special notes:

- NY & RI residents: Please complete the test release form on page 4 of your kit instructions.
- You must include your requisition form with your test kit, or your sample may be discarded.

Questions:
For any additional questions, please call the lab directly at (503) 687-2050.

Instructions for international patients:
International kits can be returned using any shipping method that guarantees delivery to the United States within 7 days. You may use your preferred courier at your own expense.
You will need to include a commercial invoice with your return shipment. Click here to access the: **commercial invoice.** Print these forms and send them back to the lab along with your samples. (These forms are helpful in addressing potential concerns with customs.)

Also, be sure to send the requisition forms back to the lab with your samples. A direct link to the exact test form is also included in your protocol sheet.

REQUISITION FORM

****BOTH SIDES OF FORM MUST BE COMPLETED****
Fill out with blue or black ink only

dutchtest®
BY PRECISION ANALYTICAL INC.

Provider Section - Completion Required for Testing

ORDERING HEALTHCARE PROVIDER

Just In Health Wellness Clinic
Justin Marchegiani, DC

912 S Capital of Tx Hwy
Ste. 170
Austin, TX 78746

Billing (BP)

PATIENT INFORMATION

REQUIRED

Patient Name (last, first)

Date of Birth (MM/DD/YY) _____/____/_____

Height **Weight** ☐ **Female** ☐ **Male**

Email Address

Address

City **State** **Zip** **Country**

Day Phone **Cell Phone**

☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ Asian
☐ Black or African American ☐ Native American or Alaska Native ☐ White

☐ **dutch Complete™**
Adrenal + Sex Hormone Metabolites + OATs
Cortisol (4), Cortisone (4), Cortisol Metabolites (3), Creatinine (4), Progesterone (2), Androgen (8), Estrogen Metabolites (9), 8-OHdG, Melatonin (6-OHMS), Organic Acid Tests (9)

☐ **dutch Adrenal**
Cortisol (4), Cortisone (4), Creatinine (4), Cortisol Metabolites (3), DHEA-S

☒ **dutch Sex Hormone Metabolites**
Progesterone (2), Androgen (8), Estrogen Metabolites (9)

☐ **dutch OATs**
Organic Acid Tests (9), 8-OHdG, Melatonin (6-OHMS)

ICD-10 Codes (USA Only) Write in one or more codes
Codes pertaining to adrenal hormones (optional):

_____

Codes pertaining to sex (reproductive) hormones (optional):

_____

WOMEN

Menstrual Cycles
☐ None ☐ Regular ☐ Irregular

Have you had any ovaries removed?
☐ Yes ☐ No

If Yes, how many?
☐ One ☐ Two

First Day of Last Menses (MM/DD/YY)
_____

Pregnant: ☐ Yes ☐ No

Birth Control: ☐ Yes ☐ No

If Yes, please specify_____

SAMPLE COLLECTION DATE AND TIME

Sample 1: DINNERTIME ~5PM
Date | Time ☐ AM ☐ PM

Sample 2: BEDTIME ~10PM
Date | Time ☐ AM ☐ PM

Sample 3: IMMEDIATELY AT WAKING/RISING
Date | Time ☐ AM ☐ PM

Sample 4: 2-HR AFTER WAKING
Date | Time ☐ AM ☐ PM

Extra OVERNIGHT Sample - Optional
Date | Time ☐ AM ☐ PM

Did you urinate overnight without collecting a sample?
☐ Yes ☐ No

HORMONE, SUPPLEMENT, AND PRESCRIPTION INFORMATION

Please complete the following information for any **progesterone, estrogens, DHEA, testosterone, pregnenolone, melatonin,** or **cortisol** (cortef, hydrocortisone, etc.) you are taking. "Date Last Used" should be the last time you took the hormone before finishing the test.

For Route of Administration **(ROA)** list one of the following: **1**=oral, **2**=sublingual (under the tongue, between cheek/gum), **3**=transdermal (skin) cream, **4**=transdermal (skin) gel, **5**=vaginal/labial creams/inserts **6**=rectal mucosa, **7**=patch, **8**=pellet, **9**=injection, **10**=other

Hormone	Brand	ROA (1-10)	Dose (mg)	Date Last Used	Times Per Day	Length of Use

☐ Not taking any listed hormones

PLEASE INDICATE IF YOU ARE TAKING ANY OF THE FOLLOWING PRESCRIPTIONS.

☐ DIM / I-3-C ☐ Thyroid (T3, T4) ☐ Melatonin ☐ Steroid Inhaler ☐ Steroid Nasal Spray
☐ Glucocorticoid (Prednisone, Dexamethsone, etc.) ☐ Hydrocortisone Cream ☐ Diabetes Medications
☐ Opioid (Narcotic) Pain Medications (hydrocodone, fentanyl, codeine, oxycodone, etc.) ☐ Creatine
☐ Blood Pressure Medications ☐ 5-HTP ☐ Anti-Depressants/SSRIs _____ (type)

LAB USE ONLY

DISEASE STATES

	I do not suspect I have this	I suspect I may have this	I have been diagnosed with this
Addison's Disease	☐	☐	☐
Adrenal Insufficiency	☐	☐	☐
Chronic Fatigue	☐	☐	☐
Cushing's Disease	☐	☐	☐
High Blood Pressure	☐	☐	☐
Hyperthyroidism (Overactive)	☐	☐	☐
Hypothyroidism (Underactive)	☐	☐	☐
Kidney Disease	☐	☐	☐
Type 2 Diabetes	☐	☐	☐
Polycystic Ovary Syndrome	☐	☐	☐

FATIGUE

Please Rate Your Fatigue Level During The Day

0 = Never/None
1 = Sometimes/Mild
2 = Often/Moderate
3 = Always/Severe

	0	1	2	3
Morning Fatigue	☐	☐	☐	☐
Afternoon Fatigue	☐	☐	☐	☐
Evening Fatigue	☐	☐	☐	☐

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3138 NE Rivergate St., Suite #301C · McMinnville, OR 97128
(503) 687-2050 | dutchtest.com

Please List any Current/Recent Medical Diagnosis Not Listed Elsewhere On This Form

PLEASE CIRCLE SYMPTOMS YOU ARE EXPERIENCING AND RATE THE OVERALL CATEGORY

0 = Never/None 1 = Sometimes/Mild 2 = Often/Moderate 3 = Always/Severe

Women		0	1	2	3
Androgen Excess	Loss of Scalp Hair, Increased Body or Facial Hair, Acne	☐	☐	☐	☐
Androgen Deficiency	Vaginal Dryness, Decreased Sex Drive, Libido	☐	☐	☐	☐
Estrogen Excess	Tender or Fibrocystic Breasts, Mood Swings, Uterine Fibroids, Heavy Bleeding	☐	☐	☐	☐
Estrogen Deficiency	Hot Flashes, Night Sweats, Vaginal Dryness	☐	☐	☐	☐

Men		0	1	2	3
Androgen Excess	Increased Sex Drive, Body, or Facial Hair, Aggressive Behavior, Acne	☐	☐	☐	☐
Androgen Deficiency	Decreased Libido, Erections, or Muscle Size, Increased Belly Fat, Apathy	☐	☐	☐	☐
Estrogen Excess	Weight Gain (Breast or Hips), Prostate Problems	☐	☐	☐	☐

ADDITIONAL SYMPTOMS

0 = Never/None
1 = Sometimes/Mild
2 = Often/Moderate
3 = Always/Severe

	0	1	2	3
Trouble Falling Asleep	☐	☐	☐	☐
Trouble Staying Asleep	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐
Migraines	☐	☐	☐	☐

WHICH BEST DESCRIBES YOU?

- ☐ Underweight
- ☐ At ideal weight
- ☐ 5-20 lbs Overweight
- ☐ >20 lbs Overweight

Are you struggling to lose weight? ☐ Yes ☐ No

WHAT ARE THE TOP ISSUES YOU HOPE THIS TEST WILL HELP YOU RESOLVE?

PLEASE LIST ANY ADDITIONAL MEDICATIONS OR SUPPLEMENTS YOU ARE CURRENTLY TAKING.

Patient notes—please list anything about your sample collection or medical situation that you feel may be important for this lab test.

BOTH SIDES MUST BE COMPLETED

PRECISION ANALYTICAL INC.
SIMPLY · BETTER · TESTING

3138 NE Rivergate St. #301C
McMinnville, OR 97128

Phone: (503) 687-2050
Fax: (503) 687-2052

info@dutchtest.com
http://dutchtest.com

NEW YORK TESTING RELEASE FORM

PATIENT NAME: _____

ADDRESS: _____

_____

PHONE: _____

DATE OF BIRTH: _____

SAMPLE COLLECTIONS DATE(S): _____

I hereby certify that the samples provided to Precision Analytical, Inc. were collected outside the state of New York. I understand that Precision Analytical accepts this as proof of that fact and will process my samples upon receipt of this signed document.

PATIENT SIGNATURE: _____

DATE SIGNED: _____

DUTCH COMPLETE INSTRUCTIONS & FAQS

WHAT DAYS OF THE MONTH DO I COLLECT?

Cycling Premenopausal Women Begin collection between days 19 and 22 of a 28-day cycle. For longer cycles, add the number of days you usually go beyond 28 days. In a similar manner, subtract if your cycles are shorter (example: collect days 17-20 for a 26 day cycle). You may collect any day if only ordering the **DUTCH Adrenal** or **DUTCH OATs**.

For irregular cycles or non-cycling (ablation or uterus removed), watch the irregular cycle collection video in the video library at dutchtest.com/videos for suggestions on collecting.

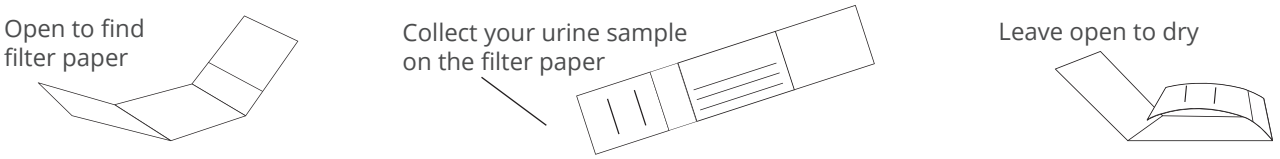
Men & Non-Cycling or Postmenopausal Women Collect any day.

HOW TO COLLECT

- Complete all information on each collection device.
- Saturate the filter paper by urinating directly on it OR use a clean cup and dip the filter paper.

Leave the collection device open to dry for at least 24 hours.

- Once dry, close each collection device. Place all devices in the resealable plastic bag and return in the provided envelope. Be sure to include the completed requisition form (required) and the payment card (if needed).



WHEN TO COLLECT

While adhering to your most common wake/sleep schedule, collect as close as possible to the below timeline. **No Alcohol, Caffeine** or **Large Fluid Intake** after lunch before collecting the dinner sample. No more than one cup of fluids between Samples #3 and #4.

Collection Schedule

Watch Your Water/Fluid Consumption
Do not drink any fluids for two hours before collecting each sample. We suggest you keep fluids to < 32oz on day 1, and < 8oz between waking (sample 3) and 2-hrs after waking (sample 4).

COLLECTION DAY 1

Dinnertime ~5pm
Approximately 5pm. **Do not drink fluids for two hours before collecting.**

Sample 1

No alcohol, caffeine or large fluid intake after lunch.

Bedtime
Approximate 10pm. **Do not drink fluids for two hours before collecting.**

Sample 2

COLLECTION DAY 2

Extra Overnight Sample
Collect at your first waking sleep disturbance with urination*

(Extra Overnight Sample)

*If you wake and urinate a second time during the night, do not collect.

Wake/Rising
Within 10 minutes;Do not lay awake in bed before sample #3.

Sample 3

2-hrs After Waking
(Tip: set a timer after sample #3.)

No alcohol or caffeine and no more than one cup of fluids between samples #3 and #4.

Sample 4

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Questions? Visit dutchtest.com, email **info@dutchtest.com,** or call 503-687-2050.

USING HORMONES?

DO NOT TAKE oral DHEA 48 hours before, or any **oral estrogen*** or **pregnenolone** 72 hours before your first collection.

**Do not skip doses of birth contol for this test unless instructed by your practitioner.*

Any other hormones taken at **NIGHT** (including **oral progesterone**) should be taken after the bedtime sample. Generally, hormone **creams** or **gels** can be taken as usual during the test. All hormones taken in the **MORNING** should not be taken until after sample #4.

If you take **glucocorticoids** (Prednisone, Dexamethasone, etc.) check with your practitioner. For **patches, pellets** and **injections**, collect midway between doses. If you take **sublingual hormones** (absorbed in the mouth or under the tongue) **or** if you take **oral hydrocortisone** (cortisol), visit **dutchtest.com** for specific video instructions.

WHAT TO AVOID

Restrictions
When Collecting DUTCH Complete™ or DUTCH OATs

Foods: Avoid avocado, bananas and fava beans for 48 hours before collecting 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.

FREQUENTLY ASKED QUESTIONS

What if I miss a collection? Simply collect the sample as instructed the following day. All samples do not need to be collected in one 24-hour period.

Do I have to take the samples in the order listed? No, they can be collected in a different order. If you wish you may start with sample #3, followed by #4, #1 & #2. If you begin with #3, collect the extra sample if you wake and urinate in the night.

How long can I keep the dried samples before sending them in? While hormone levels are very stable in dried samples, they should be sent back as soon as possible. If you have to wait to send them in, place in freezer (in plastic bag) after drying.

Do I need to stop taking my hormones for this test? This test is built to test patients "on" their hormones. Our suggestion is to follow the Hormone Schedule (listed previously), and any specific instructions given by your provider.

What if my sleep schedule is abnormal (night workers, etc.)? Collect the bedtime sample (#2) before your longest stretch of sleep, the waking sample (#3) after this sleeping period, and sample #4 two hours later. The dinnertime sample (#1) should be collected 4-7 hours before bed.

What if I am unable to urinate at the specific time? Simply drink some fluids and go as soon as you are able.

Is DUTCH testing appropriate for children? The minimum age for testing is 12 years old. To test children under 12, we strongly recommend the DUTCH Cortisol Awakening Response (CAR) measured with saliva.