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

Just In Health
Wellness Clinic

Instructions for the DUTCH Adrenal Test

What you will receive in the mail in about a week. (Every test ordered will arrive separately.)

1. 1 lab kit which includes detailed instructions.
2. Fill out the required sections on both sides of the requisition form you printed.
3. To mail back the sample, please follow instructions, and use the envelope provided, and the 8 stamps to insure the kit is not delayed in the mail.
4. International patients will need to send the kit back using priority mail, to avoid delays. You may contact the lab if needed to ask questions about shipping.

Choose The Correct Requisition Form (Complete Vs. Adrenal) see above.

Be sure to include your requisition form with your test kit, or your sample may be discarded. Please double check you have selected the correct lab requisition form. Do this by checking your protocol sheet or invoice to match the correct test form.

What you need to do next:

1. Dr. Justin will go over your lab results with you as soon as they are in. We typically receive results in 2 weeks.
2. Make sure you have an appointment scheduled with the Dr. Justin to review the results.
3. At the start of your consult, Dr. Justin will share your lab results if requested.

NOTE: You MUST include your requisition form with your test kit, or your sample may be discarded.

For any other questions, please call the Lab directly at (503) 687-2050.

"NY & RI residents, please make sure you fill out the test release form on page 4.

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	☐	☐	☐	☐

dutchtest® BY PRECISION ANALYTICAL INC.
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

Dried Urine Test for Comprehensive Hormones

Most complete assessment of sex and adrenal hormones with 4 easy dried urine collections.

WHAT DAYS OF THE MONTH DO I COLLECT?

Men & Non-Cycling or Postmenopausal Women

Collect any day.

Cycling Premenopausal Women

Begin collection between days 19 and 22 of a 28-day cycle.

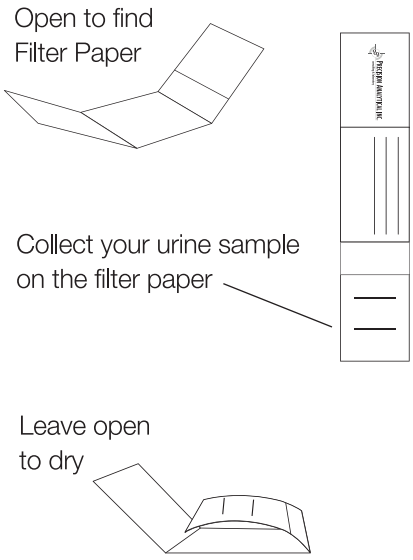
For longer cycles, add the number of days you usually go beyond 28 days. Subtract, in a similar manner, if your cycles are shorter (example: collect days 17 and 20 for a 26 day cycle).

You may collect any day if only ordering the dutch Adrenal.

If irregular cycles or not bleeding (ablation or uterus removed), watch the irregular cycle collection video in the video library at DutchTest.com for suggestions on collecting.

HOW TO COLLECT

1. Complete all information on each collection device.
2. Saturate the filter paper by urinating directly on it OR use a clean cup and dip the filter paper.
3. Leave the sample open to dry for at least 24 hours.
4. Once dry; Close the paper samples and return in the provided envelope with the completed requisition form (required) and the payment card (if needed).
    - Postage is required for shipment, and you may use an express shipping option if you wish to see faster results.
    - Results will be returned to your provider 5-10 days after they are received by the lab.



Need More Information?

go to **DutchTest.com** for video instructions!

dutch
Dried Urine Test for Comprehensive Hormones

Most complete assessment of sex and adrenal hormones with 4 easy dried urine collections.

WHEN TO COLLECT?

While adhering to your most common wake/sleep schedule, collect as close as possible to the below time-line.

dutch Collection Schedule

No Caffeine
or Large Fluid intake After Lunch

Dinner Time (#1)
Approximate time

NO Fluids Two Hours before samples #1 and #2

Bed Time (#2)

Approximate time

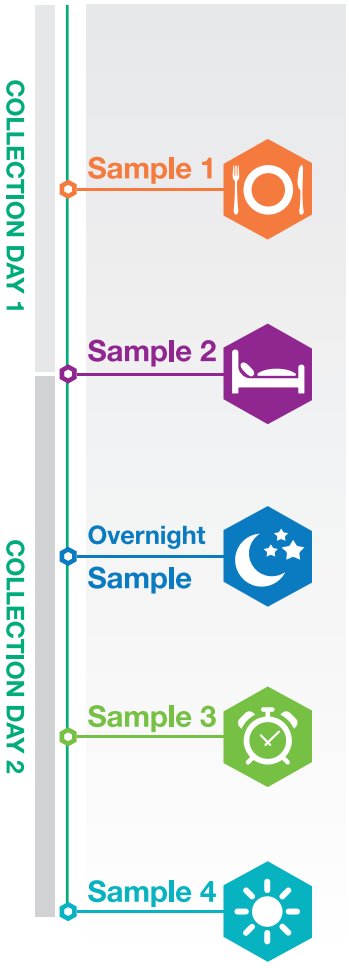
Extra Overnight Sample
Only if you wake

If you wake and urinate a second time, do not collect

At Waking (#3)
Within 10 minutes
Do not lay awake in bed before sample #3

No more than one cup of fluids between Samples #3 and #4

2-hr After Waking (#4)
Two Hours After Waking
(Tip: set a 2-hr timer after Sample #3)



Hormone Schedule

If you are taking hormones

Skip all **oral hormones** except **progesterone** the day of the test and skip **pregnenolone** for two days.

Collection Day 1

Take morning hormones as usual.

There is no need to skip any hormone creams/gels while taking this test.

Hormones taken at night and oral progesterone as usual, should be taken after sample #2.

Collection Day 2

Take your morning hormones and meds **AFTER** sample #4.

DO NOT TAKE morning hormones befire Sample #3 or #4 unless instructed to.

Extra Hormone Instructions

If you take **glucocorticoids** (Prednisones, Dexamenthasone, ect.) check with your provider.

For **patches**, **pellets** and **injections** - collect midway between doses.

If you take **sublingual hormones** (absorbed in the mouth under the tongue) **OR** if you take **oral hydrocortisone** (cortisol), visit **DutchTest.com** for video instructions.

Need More Information?

go to **DutchTest.com** for video instructions!

Frequently Asked Questions:

FAQ

Q: What if I miss a collection?

A: Simply collect the sample as instructed the following day. All samples do not need to be collected in one 24-hour period.

Q: Do I have to take the samples in the order listed on the instructions?

A: No, they can be collected in a different order. If you wish you may start with sample #3, followed by #4, #1 & #2.

Q: How long can I keep the dried samples before sending them in?

A: 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 bags) after drying.

Q: Do I need to stop taking my hormones for this test?

A: This test is built to test patients "on" their hormones. Our suggestion is to follow the Hormone Schedule given on these instructions, but follow any specific instructions given by your provider.

Q: What if my regular sleep schedule is abnormal? (night workers, ect.)

A: 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.

If you have questions, please email: info@dutchtest.com or call 503-687-2050

Need More Information?

go to **DutchTest.com** for video instructions!