Patient data **In Block Letters Please!**

☐ Man ☐ Woman

First Name (name in full) .....

Last name .....

Date of birth .....

Street, number .....

Postcode, city .....

Country .....

__ __ __ __ | __ __ | __ __ Sampling Date

__ __ : __ __ h ☐ am ☐ pm Sampling time

☐ Test report in duplicate

biovis' DIAGNOSTICS

Biovis Diagnostik MVZ GmbH

Prof. Dr. med. Burkhard Schütz
Wissenschaftliche Leitung

Dr. med. Susanne Franck[1]
Medical Management

Dr. med. univ. Vilmos Fux[1]
Dr. med. Herbert Schmidt[1]
Prof. Dr. med. Michael Kramer[1]
Prof. Dr. med. Dr. phil. Jörg Kriegsmann[2]

Brüsseler Straße 18
65552 Limburg-Eschhofen
GERMANY

Tel.: +49 (0) 64 31 / 21 248 - 0
Fax: +49 (0) 64 31 / 21 248 - 66

E-mail: info@biovis.de
Web: **www.biovis.de**

[1]Specialist in Laboratory Medicine
[2]Specialist in Pathologiy

REQUEST FORM

SPH-6-EN

Barcode or practise stamp

PLEASE PRINT OR USE ADDRESS LABEL !
DO NOT USE ANY PAPER CLIPS, STAPLES OR STICKERS !

Saliva Analysis Hormone Profile

Individual profiles		Material
Hormone examination Woman		
☐ 0120	Cortisol, DHEA, Progesterone, Testosterone, Estradiol	T905
Hormone examination Man		
☐ 0110	Cortisol, DHEA, Progesterone, Testosterone, Estradiol	T905
Individual parameters		
☐ 0310	Cortisol	T905
☐ 0320	DHEA	T905
☐ 0330	Progesterone	T905
☐ 0340	Estradiol	T905
☐ 0350	Testosterone	T905
☐ 0355	Estriol	T905

Note: If we do not have any information on the cycle anamnesis, an individualised assessment cannot be made.

Menstrual Cycle anamnesis

Sampling at ..... menstrual cycle day

☐ **Regular menstrual cycle**
average length .....

☐ **Irregular menstrual cycle**
Length from ..... to .....
☐ Menopause

☐ **No menstrual cycle**
☐ Menopause
☐ uterus removal

☐ **Pregnancy** week .....

☐ **Breastfeeding**

Have you ever had or are you currently having:

☐ **Tumour** (benign or malignant cancer)
if so, which:
.....
Hormone dependent: ☐ yes ☐ no

☐ PAP diagnosis:
.....

☐ Prostate enlargement

What contraception do you use?

☐ **None**
☐ **Pill**
☐ **Hormonal IUD**
☐ **Copper IUD**
☐ **Other:** .....

Are you currently under medication?

☐ **Preparations containing hormones**
if so, which: .....

☐ **Psychotropic drugs / antidepressants / antiepileptic drugs**
☐ **Thyroid drugs**
if so, which: .....

☐ **High blood pressure medication**
☐ **Gastric acid blockers**
☐ **Cholesterol inhibitors**
☐ **Cortisone**
☐ **Other**
if so, which: .....

Have you had any medical interventions?

if so, which: .....

Do you drink alcohol?

If so, how much: .....

Current and previous disorder in the last 6 months

Disorders	Weak	Strong
Premenstrual syndrome	☐	☐
Stress and exhaustion	☐	☐
Sleep disorders	☐	☐
Joint pain	☐	☐
Osteoporosis, osteopenia	☐	☐
Hot flushes	☐	☐
Vaginal disorders *(e.g. dryness, itching, burning)*	☐	☐
Repeated urinary tract infections	☐	☐
Hashimoto	☐	☐
Hyperthyroidism	☐	☐
Hypothyroidism	☐	☐
Lump sensation, Throat pressure	☐	☐
Inexplicable weight gain	☐	☐

Other current or chronic diseases:
.....

If you need more space for answers to specific questions, please attach a supplementary sheet.

S P H - 6 - 1

©dtp-und-design.de • Günter Meister Werbeagentur • Fon: 06432-9348606 • info@dtp-und-design.de

Instructions Saliva Hormone Test

Dear patient,
to ensure a high diagnostic certainty of the saliva examination, please follow the sample taking instructions carefully!

Content of saliva test set:

- **1 x Request Form including test instructions**
- **2 x Sample Container**
- **1 x Shipping Bag**

Important notes

Before carrying out the test, you are requested to please:

Avoid sexual contact from 24 hours before the test.

Avoid foods such as meat, dairy products, soy, cucumbers and pulses the day before the saliva test. Also, do not consume alcohol, chocolate or nicotine.

Women: Progesterone levels usually fluctuate during the monthly cycle. There is almost no progesterone in the first half of the cycle, and progesterone levels rise sharply in the second half. It is therefore important when you do the saliva test.

The ideal time for women who still have their menstrual cycle is on 22nd day of the cycle. In any case, the test should be taken in the second half of the cycle.

For women who no longer have a cycle, it does not matter on which day the test is taken.

Men can do the test every morning on an empty stomach.

Medications containing hormones need to be considered in the therapy. Therefore, , please list in the medical history any of the following if applicable - the pill, synthetic hormones and hormones such as those found in hormonal IUDs, hormone patches, depot injections, etc.

Take the test in the morning on an empty stomach.

Procedure for collection of saliva:

- Before the test, please rinse your mouth thoroughly several times with plenty of fresh water. Then wait for 5 minutes.
- Gum bleeding may falsify the result. If you notice that the saliva in the test tube has a slightly pink colour, rinse the tube, wait a while and repeat the procedure.
- Collect a sufficient amount of saliva in your mouth and put it directly into the tube with the red screw cap (morning tube). Repeat until tube is at least half full (approx. 3 ml on the scale) and close it tightly.

  Please make sure to label the tube with your name and sampling time.

  The minimum filling quantity must be observed for the performance of all requested tests!
- Fill the second tube with the white screw cap in the same way 30 minutes later.

  Make sure to label it with your name and sampling time as well.
- Keep saliva samples refrigerated until dispatch.
- Send the saliva samples to biovis' as soon as possible using the enclosed shipping envelope.

Important: Sign patient declaration!

biovis' DIAGNOSTICS

Patient Statement:

I herewith agree with the requested tests. I have been informed about the costs.

Place and Date _____ Signature/Legal Representative _____

S P H - 5 - 2

Subject to errors and changes!