



## Collection Instructions

### **Your DUTCH Cycle Mapping Kit Includes:**

- Collection Instructions (*read entirely before beginning*)
- 25 Urine Collection Devices
- One Sealable Plastic Bag (*for return of dried samples*)
- Requisition Form (*must be filled out completely*)
- Return Mailer
- Payment Card (*if necessary*)

# Welcome

This test will take a great deal of time as you will be collecting a series of samples throughout the course of one menstrual cycle. Please read the collection instructions thoroughly prior to starting; for additional assistance, please watch the Cycle Mapping Collection video on our website:

[www.dutchtest.com/videos/sample-collection](http://www.dutchtest.com/videos/sample-collection)

or call **503.687.2050** before you begin if you have any questions.

## Let's Get Started

### Who should test?

This test is intended for women with cycling ovaries who are menstruating **OR** women who are not menstruating because they have had a partial hysterectomy (ovaries intact) or ablation.

## Let's Get Started (continued)

This test is not intended for women who **are not** cycling, on hormonal birth control, hormone replacement therapy or are post-menopausal, unless otherwise instructed by your healthcare practitioner.

\*\*If you are taking hormone therapy, specifically estrogens, progesterone or pregnenolone, it is typically required to stop for the collection period. Do not stop any prescription hormones unless instructed by your provider.

*Oral estrogen, progesterone, or pregnenolone taken during the collection schedule will produce high levels of hormone metabolites measured that will not correlate with blood levels. This increase lasts for up to 48-72 hours after taking the hormone. If you are taking oral estrogen, progesterone or pregnenolone, please contact your healthcare practitioner before taking this test.*

## Cycling:

Day 1 of your cycle should be considered the first day with menstrual flow (not just spotting). Collection will begin on the seventh day of your cycle.

## Non Cycling:

(Functional ovaries without regular menstrual bleeding)

Start collections any day.

To keep track of all samples, fill in the date of collection on your schedule **AND** on each urine collection device.

## FREQUENTLY ASKED QUESTIONS

### *Can I collect samples away from home?*

Yes. Urine samples can be collected and kept in a ziploc bag (not the one enclosed), for no more than 24 hours, and then dried.

### *How long can I keep the set of samples before sending them in?*

The samples should be sent back as soon as possible. If you have to wait to send them in, place dried urine samples in the freezer until ready to send.

### *What if I miss a collection?*

Collect the sample as instructed the following day.

### *What if I am unable to urinate at the specific time?*

Simply drink some fluids and go as soon as you are able.

## FREQUENTLY ASKED QUESTIONS CONTINUED...

*What if my regular sleep schedule is abnormal? (night workers, etc.)*

Begin collecting your “waking” sample(s) after your longest stretch of sleep. Please call the lab for specific instructions.

# How to Collect

1. Complete all information on each urine collection device. Fill in the day of cycle and date of collection with pen (not a gel pen).

Patient Last Name \_\_\_\_\_ First Name/Initial \_\_\_\_\_  
Date of Collection \_\_\_\_\_ Day of Cycle (Female only) \_\_\_\_\_  
Time of Collection (you MUST circle one):  
1. Dinnertime      2. Bedtime      3. Waking  
4. 2-Hrs after waking      5. Extra overnight sample

2. Collect your samples with your **first morning void/urination**. Saturate the filter paper by urinating directly on it or urinating into a clean cup and dipping the filter paper for 5 seconds.

3. Leave each sample open to dry for **at least 24 hours**.

4. Once dry, close each collection device and conveniently store in the kit box until you are done collecting all samples.
5. Continue collecting according to your schedule. Once ALL samples are completely dry, place them in the enclosed plastic bag and seal.



## Which schedule should I use?

Simply Answer: **How long is your typical cycle?**

<b>Normal Cycle or Short Cycle</b>	If your cycle is 34 days or shorter, collect according to the Normal Cycle schedule until your next menses begins.
<b>Long Cycle</b>	34 days or more
<b>No Cycle</b>	Cycle without bleeding-partial hysterectomy, ablation

You will use only one schedule (on pages 9, 11, 13) and ignore the others.



# Normal or Short Cycle

(Less than 34 days)

## COLLECTION SCHEDULE

**If you miss a collection** simply collect the following day and continue the schedule as listed.

You do not need to collect days 1 - 6 of your cycle. Your 21 urine collection devices are tracked in numerical order in the "Sample" column.

## COLLECTION #1 *(ideal collection time is at waking)*

### Day 7 of your cycle

Fill in the date on the chart to help keep track of each sample you collect.

If menstrual flow begins (not just spotting) before Sample #21, collect one more sample (the next day) then skip to ***Last 4 Urine Samples (see page 18).***

If you complete sample #21 and have not started your next cycle, please call the lab at **503.687.2050.**

*Cut on the dotted line and return this chart with your samples.*

SAMPLE	CYCLE	DATE
#1	Day 7	
#2	Day 9	
#3	Day 10	
#4	Day 11	
#5	Day 12	
#6	Day 13	
#7	Day 14	
#8	Day 15	
#9	Day 16	
#10	Day 17	
#11	Day 18	

SAMPLE	CYCLE	DATE
#12	Day 19	
#13	Day 20	
#14	Day 21	
#15	Day 22	
#16	Day 24	
#17	Day 26	
#18	Day 28	
#19	Day 30	
#20	Day 33	
#21	Day 36	

**New cycle start date:**

(1st day of menstrual flow)

Go to page 21 for additional collection.

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# Long Cycle

(34 days or more)

## COLLECTION SCHEDULE

You do not need to collect days 1 - 6 of your cycle. Your 21 urine collection devices are tracked in numerical order using the "Sample" column.

## COLLECTION #1 *(ideal collection time is at waking)* Day 7 of your cycle

Fill in the date on the chart to help keep track of each sample you collect.

If menstrual flow begins (not just spotting) before Sample #21, collect one more sample (the next day) then skip to ***Last 4 Urine Samples (see page 18)***.

If you complete sample #21 and have not started your next cycle, please call the lab at **503.687.2050**.

**If you miss a collection**  
simply collect the following day and continue the schedule as listed.

*Cut on the dotted line and return this chart with your samples.*

SAMPLE	CYCLE	DATE
#1	Day 7	
#2	Day 11	
#3	Day 15	
#4	Day 17	
#5	Day 19	
#6	Day 20	
#7	Day 21	
#8	Day 22	
#9	Day 23	
#10	Day 24	
#11	Day 25	

SAMPLE	CYCLE	DATE
#12	Day 27	
#13	Day 29	
#14	Day 31	
#15	Day 34	
#16	Day 37	
#17	Day 40	
#18	Day 43	
#19	Day 47	
#20	Day 51	
#21	Day 55	

**New cycle start date:**

(1st day of menstrual flow)

Go to page 21 for additional collection.

# No Cycle

(If functional ovaries, but no menstrual flow)

## COLLECTION SCHEDULE

Your 25 urine collection devices are tracked in numerical order using the “Sample” column.

**COLLECTION #1** (*ideal collection time is at waking*)

**Start any day**

Collect samples #1–16 every other day.

Fill in the date on the chart to help keep track of each sample you collect.

Samples #17–21 will not be needed. After completing sample #16 on day 31, skip day 32.

On day 33, collect the ***Last 4 Urine Samples (see page 18)***.

*Cut on the dotted line and return this chart with your samples.*

SAMPLE	CYCLE	DATE
#1	Day 1	
#2	Day 3	
#3	Day 5	
#4	Day 7	
#5	Day 9	
#6	Day 11	
#7	Day 13	
#8	Day 15	
#9	Day 17	
#10	Day 19	

SAMPLE	CYCLE	DATE
#11	Day 21	
#12	Day 23	
#13	Day 25	
#14	Day 27	
#15	Day 29	
#16	Day 31	
#17	These samples will not be needed. Skip to the last four samples on day 33.	
#18		
#19		
#20		
#21		

# Last 4 Urine Samples

## COLLECTION SCHEDULE

The **4 urine** samples are to be **collected in one day**, on the **fourth day** of your new cycle **OR** day 33 if you are using the No Cycle Schedule.

**Any non-essential medications or supplements** normally taken in the morning should be taken **after Sample #23**. **No caffeine or alcohol. Limit fluid intake to 40 oz. evenly spread throughout the day.** See restrictions inside top of kit before starting collection.

# RESTRICTIONS

## When Collecting Your LAST 4 SAMPLES\*

### Foods:

Avoid **avocado, bananas, fava beans** for 48 hours before collecting the **LAST 4 SAMPLES\* ONLY** 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.**





# Last 4 Samples (Samples #22-25)

## COLLECTION SCHEDULE

These samples are to be **collected together in one day**, on the **fourth day** of your next cycle **OR** day 33 if you are using the No Cycle Schedule.

Any non-essential medications or supplements normally taken in the morning should be taken after Sample #23. **No caffeine or alcohol. Limit fluid intake to 40 oz.** evenly spread throughout the day. See restrictions inside top of kit before starting collection.

SAMPLE  
#22



**At Waking (#22)**

Within 10 minutes

No more than 8 oz. of fluids between Samples #22 and #23

SAMPLE  
#23



### 2-hrs After Waking (#23)

Tip: set a 2-hr timer after Sample #22

SAMPLE  
#24



### Dinnertime (#24)

Approximately 5pm

**No fluids** two hours before  
Samples #24 and #25



SAMPLE  
#25



### Bedtime (#25)

Approximately 10pm

SAMPLE	TIME	DATE
<b><i>Last 4 Urine Samples</i></b>		
#22   Waking	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
#23   2-3 Hours After Waking	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
#24   4pm - 5pm (Dinnertime)	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
#25   10pm - Midnight (Bedtime)	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	

# How to Return

## UPON COMPLETION

1. After drying the urine collection devices **for 24 hours**, be sure to check that each sample is **clearly labeled and dry**. Place them in the resealable plastic bag.
2. Please **complete all paperwork**, including the requisition form and the completed collection schedule.
3. Make sure to **include payment** (if applicable).
4. Return sealed plastic bag and completed paperwork in the enclosed return mailer.



Questions?  
Call Us  
503.687.2050

[www.dutchtest.com](http://www.dutchtest.com)



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