

Patient Guide



NutraEval® FMV #3000*

Not Available in New York



Do not collect if there is blood in urine, including menstrual or other blood.



Abnormal kidney function or use of diuretics may influence test results.

BEFORE YOU BEGIN

Activate This Test

Visit gdx.net/activate and enter the number found on the activation label card included with this collection pack.



STEP 1

Plan Your Collection

Use a calendar to plan your specimen collection. Ship Monday thru Friday and avoid US holidays which may cause delays.

4 Days before Collection

Consult your healthcare provider about stopping medications and supplements.

24 Hours Before Collection

Eat usual diet but avoid over-eating any single food or consuming an extreme diet.

Consume no more than six 8-ounce glasses of fluid over the 24 hours before collection.

Night Before Collection

Fast overnight. Water is okay.

Freeze freezer brick at least 8 hours.

Use your normal nightly routine of brushing and flossing of teeth, but do not use mouthwash.

Morning of Collection

If collecting cheek swab – do not eat, brush or floss your teeth, use mouthwash, chew gum or use any tobacco, or coffee products. You may drink ONLY water before specimen collection.

Collect urine and cheek swab (if ordered) immediately upon waking.

STEP 2

Specimen Collection

1. **Review** instructions and test prep information at **gdx.net/activate**.
2. Write your **date of birth** (DOB) and the **date of collection** on the labels provided. Attach a completed label to each of the **three urine tubes**. Attach a completed label to the **paper swab envelope** if your healthcare provider has ordered the swab collection.



Activate Online and RETURN THIS CARD

Activate Online: gdx.net/activate

Scan QR code or visit gdx.net/activate

Attach completed labels to each specimen container.

Specimen Container	Label Information
URINE TUBE 1	DATE OF BIRTH: DATE OF COLLECTION: C442-668-880
URINE TUBE 2	DATE OF BIRTH: DATE OF COLLECTION: C442-668-880
URINE TUBE 3	DATE OF BIRTH: DATE OF COLLECTION: C442-668-880
PAPER SWAB ENVELOPE	DATE OF BIRTH: DATE OF COLLECTION: C442-668-880

Return this Activation Number for your records.

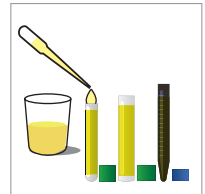
Activation Number: C442-668-880

Activation Code: C442-668-880

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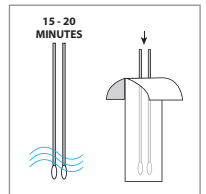
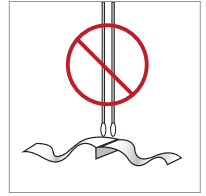
Collect Urine

1. **Collect** your **first morning urination** in a clean container (a large plastic cup works well). If you wake to urinate during the night, within 6 hours of when you typically wake for the day, collect your urine **in the container**, refrigerate, then combine with your first morning urination collection.
2. **Stir**, then **transfer** urine from the cup to **each of the three tubes** using the pipette. Continue to add urine until each tube is nearly full.
Avoid Contact with skin and eyes. For eye contact, flush with water thoroughly for 15 minutes. For skin contact, wash thoroughly with soap and water. If ingested, contact a poison control center immediately.
3. **Recap** the tubes tightly and **shake**.
4. **Return** the tubes and absorbent pad to the biohazard bag and **freeze** for a minimum of 2 hours. The **freezer brick** must be frozen at least 8 hours.



Collect Cheek Swabs (if ordered)

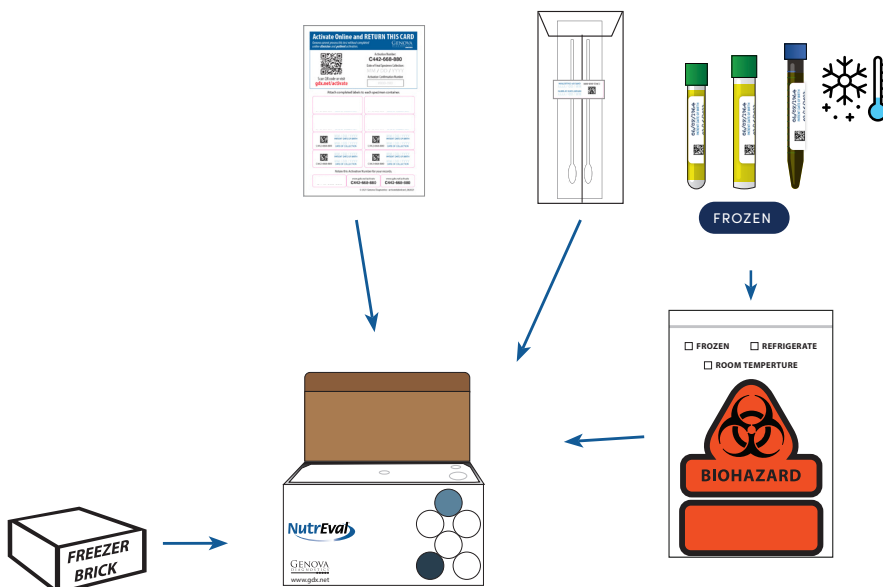
1. **Peel** open the **cotton tipped applicator package** just enough to remove the cotton swabs. Leave the package intact so that the swabs can be reinserted after collection.
2. **Remove** one cotton swab applicator. **Do not touch** the cotton tip.
3. **Open** your mouth and **aggressively scrape** the inside of your cheek with the cotton swab using a back and forth, and up and down motion for at least **30 seconds**. **Rotate** the applicator several times, and swab between the cheek and gums. **Avoid excessive saliva**.
4. **Repeat steps 2 and 3 with the second swab**.
5. Allow swab applicators to **air dry** for 15-20 minutes. **Return** them, swab first, to the applicator package. **Seal** package inside the paper envelope.



STEP 3

Add to Collection Pack

1. Confirm that each tube has a **completed label attached** with **date of birth** and the **date of collection**. Place the **frozen freezer brick** and the biohazard bag with **frozen tubes** inside the **foam insulator**. Replace the foam lid.
2. If ordered, confirm the **cheek swab envelope** is sealed shut and has a **completed label attached**. Then place behind the foam insulator inside the cardboard box.
3. Retain a copy of the **activation number** for future reference **using one of the three labels provided on the bottom of the activation label card**.
4. Visit **gdx.net/activate** to enter the date of your final collection and receive your **confirmation code**. Write the date of collection and your confirmation code on the **activation label card**. Place the **activation card inside** the box.
5. Bring the **cardboard box** and the **FedEx shipping materials** with you to your blood draw appointment.



Provider Guide



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BEFORE YOU BEGIN

Ordering Physicians

Before distributing to patients, visit gdx.net/mygdx to order and activate this test using the activation number on the included label card.



STEP 1

Help Patients Plan for Collection

Ship Monday thru Friday and avoid US holidays which may cause delays. See the Patient Guide for additional prep information and review full clinical guidelines at gdx.net/tests/prep.

4 Days before Collection

Discontinuing medications is at the discretion of the physician. Valproic acid, acetaminophen, and berberine HCl can interfere with select analytes.

Night Before Blood Draw

Patient must fast overnight. Water is okay.

Freeze freezer brick at least 8 hours.

Day of Blood Draw

Remind patient to freeze urine samples a minimum of two hours prior to blood draw

STEP 2

Specimen Collection


















1. Write patient's **date of birth** (DOB) and the **date of collection** on the labels provided. Attach a completed label to each of the **3 tubes** being returned to the lab.

The Na-EDTA blue-top tube, Na Heparin blue-top tube, and K2-EDTA blue-top tube are interchangeable for this specimen collection pack. These are **trace mineral tubes**, not standard tubes.

Blood Draw and Processing

1. **Clean the skin** thoroughly with isopropyl alcohol before venipuncture, and **use only stainless steel needles**.
2. **Draw blood**.
3. **Process blood** using bench chart. Processing must be completed within **45 minutes** of blood collection.

Bench Chart

TUBES	PROCESS	LABEL AND RETURN
 Na-EDTA, K2-EDTA, or Na Heparin Blue-top Tube	 Gently invert 10-15 times	   REFRIGERATE
 Red SST Tiger-top Tube  Amber Transfer Tube	 Clot for 15 min. while standing in a rack Centrifuge 15 min. at 3000 RPM Transfer serum to amber transfer tube DISCARD USED TUBE	    FREEZE
 EDTA Lavender-top Tube	 Gently invert 5 times Do not shake	   REFRIGERATE

STEP 3

Return Collection Pack

1. Confirm that each tube has a **completed label attached** with patient's **date of birth** and the **date of collection**. Place the **frozen freezer brick** and the biohazard bags with **all tubes** inside the **foam insulator**. Replace the foam lid.
2. If ordered, confirm the **cheek swab envelope** is sealed shut and has a **completed label attached**. Then place behind the foam insulator inside the cardboard box.
3. Retain a copy of the **activation number** for future reference **using one of the three labels provided on the bottom of the activation label card**.
4. Visit **gdx.net/mygdx** to enter the date of your final collection and receive your **confirmation code**. Write the date of collection and your confirmation code on the **activation label card**. Place the **activation card inside** the box.
5. **Close the cardboard box** and **place** inside the **FedEx shipping bag**. Follow the shipping instructions provided.

