



## 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/cycle-mapping-collection](http://www.dutchtest.com/videos/cycle-mapping-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.

## 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 6, 8, 10) and ignore the others.

## 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.

The Last 4 Samples **#22-#25** will be collected on the fourth day after the start of your new cycle.

## Non-Cycling:

(Functional ovaries without regular menstrual bleeding)

Start collections any day.

\*Collect your samples **directly upon waking** on the days listed.

To keep track of all 25 samples, fill in the date of collection on your schedule **AND** each urine collection device.

# 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 12)**.

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.

## Normal or Short Cycle

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	
#12	Day 19	
#13	Day 20	
#14	Day 21	
#15	Day 22	

SAMPLE	CYCLE	DATE
#16	Day 24	
#17	Day 26	
#18	Day 28	
#19	Day 30	
#20	Day 33	
#21	Day 36	
<b>New cycle start date:</b> (1st day of menstrual flow)		
<b>Last 4 Samples</b>		
SAMPLE	TIME	DATE
#22		
#23		
#24		
#25		

# 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.

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

## 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 12)**.

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.

## Long Cycle

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	
#12	Day 27	
#13	Day 29	
#14	Day 31	
#15	Day 34	

SAMPLE	CYCLE	DATE
#16	Day 37	
#17	Day 40	
#18	Day 43	
#19	Day 47	
#20	Day 51	
#21	Day 55	
<b>New cycle start date:</b> (1st day of menstrual flow)		
<b>Last 4 Samples</b>		
SAMPLE	TIME	DATE
#22		
#23		
#24		
#25		

# 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 12)***.

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

## No Cycle

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	
#11	Day 21	
#12	Day 23	
#13	Day 25	
#14	Day 27	

SAMPLE	CYCLE	DATE
#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		
<b><i>Last 4 Samples</i></b>		
SAMPLE	TIME	DATE
#22		
#23		
#24		
#25		

# 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

# 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).

Patron's Last Name \_\_\_\_\_  
First Initial(s) \_\_\_\_\_  
Date of Collection \_\_\_\_\_ Day of Cycle (Circle Day) \_\_\_\_\_  
Time of Sample (you MUST write one) \_\_\_\_\_  
1. Dawn 2. Baseline 3. Rising  
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.



# How to Return

## UPON COMPLETION

1. After drying the urine collection devices, make sure each sample is clearly labeled.
2. Place the urine collection devices in the resealable plastic bag and store in the test kit box.
3. Cut out the completed collection schedule from pages 6, 8, or 10.

## SHIPPING INFORMATION

1. Place the entire test kit box, the completed collection schedule, and requisition form inside the return envelope.
2. Affix the prepaid label or postage, if applicable. Return using the appropriate carrier.



**\*\* International patients: please check with your practitioner on where to return the kit if there is not a return envelope/label included. Avoid leaving out in warm weather.**



## 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.

### 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.



Questions?  
Call Us  
503.687.2050

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



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3138 NE Rivergate St., Suite 301C, McMinnville, OR 97128 | 503.687.2050

REF090920