

COLLECTION INSTRUCTIONS



INSTRUCTIONS FOR: SERUM THYROID PROFILES

WHEN TO SHIP: Monday through Thursday

OBSERVED HOLIDAYS:

New Years Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and following day, Christmas Day.
**Do not ship the day before an observed holiday.*

IMPORTANT NOTES FOR TEST:

- ✓ Place ice pack into freezer, upon receipt of test kit.
- ✓ Biotin will interfere with the test results. It is recommended that Biotin be avoided for three (3) days prior to the blood draw.
- ✓ *If you are taking any supplements containing Biotin, please contact your health care practitioner for their recommendations.*
- ✓ Patient's first and last name, date of birth, sex, and date of collection must be recorded on the Test Requisition Form as well as all Transfer tubes using a permanent marker, or the test may not be processed.

KIT CONTAINS:

- 1 Requisition Form
- 1 Instruction sheet
- 1 Biohazard Bag
- 1 Cardboard Shipping Box
- 2 Red Top Tubes
- 1 Patient Questionnaire
- 1 Mailer
- 2 Transfer Tubes
- 1 Ice Pack
- 2 Foil Bubble-pack Envelopes
- 1 Disposable Pipette
- 1 Overnight Return Shipping Label (*included if shipped within U.S. or Canada*)

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- 1) Draw the two red top tubes. Minimum of 3mL of serum is required.
- 2) Allow at least 30 minutes for the blood to clot.
- 3) Centrifuge for at least 10 minutes.
- 4) Using the pipette, carefully draw up the separated serum and place into the transfer tubes. Do not pull up any red blood cells (RBCs).
- 5) *If RBCs are accidentally drawn up, return the serum to the red top tube and repeat steps 3 & 4.*
- 6) Cap transfer tubes tightly.
- 7) Label the transfer tubes with patient's name, date of birth and date collected.
- 8) Freeze the samples until ready to ship. Note on requisition form "Specimen Frozen".



Meridian Valley LAB
1-855-405-TEST (8378)

6839 Fort Dent Way, Ste. 206 Tukwila, WA 98188 • Tel 206.209.4200 • Fax 206.209.4211

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SHIPPING INSTRUCTIONS:

- 1) Complete the enclosed Thyroid Symptoms Questionnaire and Requisition form.
- 2) Include payment information or check (if required).
- 3) Fold the requisition form, questionnaire and payment (if paying by check), and place it in outside pocket of the biohazard bag.
- 4) Place the transfer tubes in the biohazard bag.
- 5) Place the frozen ice pack and biohazard bag into the smaller of the two foil bubble-pack envelopes. Fold the excess over the bag to close, but **DO NOT SEAL** the bag.
- 6) Place the smaller foil bubble pack into the larger foil bubble pack, fold over to close, but **DO NOT SEAL** the bubble pack.
- 7) Place the larger foil bubble pack and its contents into the MVL cardboard shipping box and close the box. **DO NOT SEAL** box with tape.
- 8) Place return shipping label with the bar code on outside of the mailer.
- 9) Save the customer receipt portion with the tracking number for your records.
- 10) Place the MVL cardboard box into the mailer and seal securely.
- 11) Ship back to Meridian Valley Lab using the provided courier service located on your mailer and return shipping label.
- 12) Ship Monday through Thursday and avoid U.S. holidays to prevent undue delays.

To find a drop off location, follow the link: UPS: https://www.ups.com/dropoff?loc=en_US

Proper collection makes a difference in your test results! If you have questions about how to collect for this test, please call us at 855-405-TEST (8378).



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Last name: _____ First name: _____

Age: _____ Height: _____ Weight: _____ Body* Temperature _____

*Basal, if known, or usual body temperature

Current use of Medications/Hormones:

Please indicate any medications or hormones you are currently taking:

Name of Medication/ Hormone					
Brand					
Oral/Topical/Injection					
Dose (in mgs)					
How often?					
Time of day taken					
Date/Time last taken					
How long have you been taking this?					

If you take thyroid medication, how long do you wait after taking it before eating or taking supplements? _____

Other Supplements: Please provide name, manufacturer, dose and frequency.

Supplement name					
Manufacturer					
Dose					
How Often?					
How long have you been taking this?					

Symptoms: Please indicate the symptoms you are experiencing on the following 0-5 scale.

0 = never experience this 1 = minor or rare 2 = mild or infrequent

3 = moderate or frequent 4 = severe or very frequent 5 = debilitating or constant

Fatigue	0	1	2	3	4	5	Weakness	0	1	2	3	4	5
Constipation	0	1	2	3	4	5	Weight gain	0	1	2	3	4	5
Sluggishness	0	1	2	3	4	5	Cold hands or feet	0	1	2	3	4	5
Cold intolerance	0	1	2	3	4	5	Heat intolerance	0	1	2	3	4	5
Edema	0	1	2	3	4	5	Muscle aches	0	1	2	3	4	5
Headaches	0	1	2	3	4	5	Decreased sex drive	0	1	2	3	4	5
Depression	0	1	2	3	4	5	Poor concentration	0	1	2	3	4	5
Memory loss	0	1	2	3	4	5	Hoarseness	0	1	2	3	4	5
Dry, rough skin	0	1	2	3	4	5	Dry or thinning hair	0	1	2	3	4	5
Thinning eyebrows	0	1	2	3	4	5	Skipped heartbeats	0	1	2	3	4	5
Rapid heartbeat	0	1	2	3	4	5	Anxiety, nervousness	0	1	2	3	4	5
Irregular menses	0	1	2	3	4	5	Heavy metal exposure	0	1	2	3	4	5
Infertility	0	1	2	3	4	5	Goiter (Swollen neck)	0	1	2	3	4	5
Previous miscarriage	0	1	2	3	4	5	Autoimmune disease	0	1	2	3	4	5
Family History of thyroid disease	0	1	2	3	4	5	Thyroid nodules	0	1	2	3	4	5
							Wheat or gluten allergy	0	1	2	3	4	5

Do you salt your food? Yes No **If yes**, do you use iodized table salt? sea salt? other

Do you eat sea vegetables or add dulse, kelp or other seaweeds to your food? Yes No

Do you take an iodine supplement? Yes No **If yes**, what kind and how much? _____

How many servings of fish or other seafood do you eat each week? _____ Ocean fish _____ Fresh water fish