



**dutchtest**  
CYCLE MAPPING

## 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 Envelope
- Payment Card (*if necessary*)

# Welcome

You will be collecting a series of samples throughout the course of one menstrual cycle. View our cycle mapping collection video at [dutchtest.com/videos/sample-collection](https://dutchtest.com/videos/sample-collection) for assistance.

## Let's Get Started

### Which schedule should I use?

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

<b>Normal Cycle</b>	Less than 34 days
<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 3, 5, 7) 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 your next cycle start date.

## 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 the 25 samples, fill in the date of collection on your schedule **AND** on each urine collection device.



**NOTE: It is typically required to discontinue any estrogen, progesterone, or pregnenolone supplementation.**

# Normal 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 25 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 Samples (see page 9)***.

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	
#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	

**New cycle  
start date:**  
(1st day of menstrual  
flow)

### ***Last 4 Samples***

SAMPLE	TIME	DATE
#22		
#23		
#24		
#25		

# Long Cycle

(34 days or more)

## 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 25 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 Samples (see page 9)***.

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 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	

**New cycle  
start date:**  
(1st day of menstrual  
flow)

### *Last 4 Samples*

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 in 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 Samples (see page 9)***.



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	
#11	Day 21	
#12	Day 23	
#13	Day 25	
#14	Day 27	
#15	Day 29	

SAMPLE	CYCLE	DATE
#16	Day 31	
#17	These samples will not be needed. Skip to the last four samples on day 32.	
#18		
#19		
#20		
#21		
Last 4 Samples		
SAMPLE	TIME	DATE
#22		
#23		
#24		
#25		

# 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

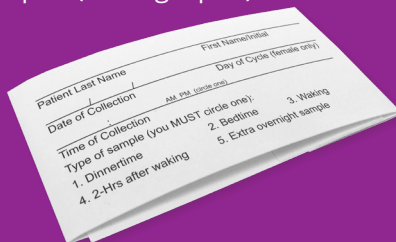


Bedtime (#25)

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).

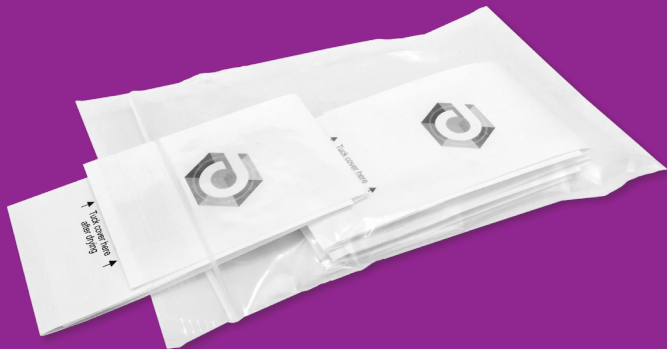


Patient Last Name \_\_\_\_\_ First Name/Initial \_\_\_\_\_  
Date of Collection \_\_\_\_\_ Day of Cycle (female only) \_\_\_\_\_  
AM PM (circle one)  
Time of Collection \_\_\_\_\_  
Type of sample (you MUST circle one):  
1. Dinnertime 2. Bedtime 3. Waking  
4. 2-Hrs after waking 5. Extra overnight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



2. Saturate the filter paper by urinating directly on it OR urinating into a clean cup and dip 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

Cut out the completed collection schedule and return with your dried urine collection devices and requisition. Return the sealed plastic bag and completed paperwork in the enclosed return envelope.





Questions?  
Call Us  
**0203 750 0870**

This test will take a great deal of time, and we want to ensure it is done correctly. Please watch the Cycle Mapping Collection video on our website:

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

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