

**PATIENT**

Forname

Birthname

Surname

Date of birth

CNS N°

E-mail

Phone

For use by the  
laboratory only

**SALIVA COLLECTION**

To be completed according to the medical prescription

Numbered  
label

① Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ h \_\_\_

② Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ h \_\_\_

③ Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ h \_\_\_

④ Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ h \_\_\_

⑤ Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ h \_\_\_

⑥ Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ h \_\_\_

⑦ Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ h \_\_\_



# SALIVARY COLLECTION FOR CORTISOL ASSAY RECOMMENDATIONS

## ! Conditions to be met before each collection (1 hour before sampling):

- Do not eat
- Do not brush your teeth
- Do not take any medication
- No smoking/vaping

## Please follow these instructions

### 01.

Stick a numbered label on this sheet.

### Then, for each saliva collection

Stick a numbered label on the tube.

Note the date and time of collection on the form.

Note the serial number of the collection on the tube.

*The identification number is the same for all tubes.*



### 02.

Wash your hands with soap and water, then dry them.



### 03.

Rinse your mouth for 5 seconds with water and then spit it out.



### 04.

Wait 10 minutes.



### 05.

Remove the cap by pulling it upwards.

Pick up the swab, touching it as little as possible.



### 06.

Place the swab in your mouth, under your tongue.

Roll it under your tongue for 3 minutes without chewing it.



### 07.

Touching it as little as possible, take the swab and put it back in the tube.



### 08.

Close the tube with the cap.



### 09.

Keep the tubes in the refrigerator until they are delivered to the laboratory (no later than the day after collection). *Please note that deposits cannot be made on Sundays and public holidays.*

! Do not use on children or persons at risk of accidental ingestion.

Save time  
**CHECK-IN**

