

## Ordering Recommendation

- Screening for Cushing syndrome.
- The patient is to collect the specimen between 11 p.m. and midnight unless the ordering physician specifies a different collection time.
- The collection time must be recorded on both requisition and container.

## Specimen Requirements

Type	<ul style="list-style-type: none"> <li>• Saliva</li> </ul>
Container	<ul style="list-style-type: none"> <li>• Preferred Collection Container: SARSTEDT Salivette® container</li> </ul>
Collection Procedure	<ul style="list-style-type: none"> <li>• Provide patient with a saliva collection kit containing Collection Instruction.</li> <li>• Instruct patient to follow the collection instruction.</li> <li>• Instruct the patient to bring the container back to the RUH or SPH Test Center the following morning.</li> <li>• Send the sample to the SPH Lab on an ice pack.</li> </ul>
Required Volume	<ul style="list-style-type: none"> <li>• Optimal Volume: 1.5 mL saliva</li> <li>• Minimum Volume: 0.6 mL saliva <small>(Submitting the minimum volume makes it impossible to repeat the test or perform confirmatory/reflex testing. In some situations, a minimum volume may require a second collection. <u>Chemistry may be able to do up to 10 tests with 0.75 mL blood.</u>)</small></li> </ul>
Stability/ Storage	<ul style="list-style-type: none"> <li>• Refrigerated (preferred): 28 days; Frozen: 60 days; Ambient: 28 days</li> </ul>
Grounds for Rejection	<ul style="list-style-type: none"> <li>• Specimens were not collected using the Salivette® collection device.</li> <li>• Specimens visibly contaminated with blood, cellular debris, food particles, or mucus.</li> <li>• <u>Pathology and Laboratory Medicine Acceptance and Rejection Criteria</u></li> </ul>

## Testing Information

Availability	<ul style="list-style-type: none"> <li>• Sent daily Monday to Friday</li> </ul>
Testing Site	<ul style="list-style-type: none"> <li>• Referred out by St. Paul's Hospital Laboratory to Roy Romanow Provincial Laboratory</li> </ul>
Results Reporting	<ul style="list-style-type: none"> <li>• TAT: 1 week</li> <li>• Perform at RRPL every Thursday</li> </ul>
Methodology	<ul style="list-style-type: none"> <li>• Liquid Chromatography-Tandem Mass Spectrometry</li> </ul>
Clinical Interpretation	<ul style="list-style-type: none"> <li>• See the reference ranges on the report for the interpretation</li> </ul>
Additional Comments	<ul style="list-style-type: none"> <li>• Many drugs (e.g. exogenous glucocorticoids, anticonvulsants), acute stress, alcoholism can obliterate normal diurnal variation and impact cortisol levels.</li> </ul>
Alternate Test Names	<ul style="list-style-type: none"> <li>• Nighttime Salivary Cortisol</li> </ul>

	<ul style="list-style-type: none"> <li>• Salivary Cortisol</li> <li>• Salivary Cushings</li> </ul>
SHR LIS Test Code	<ul style="list-style-type: none"> <li>• SALCO (For Lab Use Only)</li> </ul>
<b>Test Ordering Requirements</b>	
Preferred Specimen Collection	<ul style="list-style-type: none"> <li>• Patient to pick up collection container at RUH or SPH Test Centre and return the collected specimen the following morning.</li> </ul>
Forms Required	<ul style="list-style-type: none"> <li>• <u>Miscellaneous Specimen Requisition Form #101878</u> or <u>SHR Laboratory Medicine Community Laboratory Requisition Form #101064</u></li> </ul>