

Ideal Dosage Intervals



The following dosage guidelines are specific to Labrix' reference ranges and vary based on BHRT routes of delivery. Following these intervals assures your patients' results correlate to the supplementation ranges provided.

Note: For providers interested in testing endogenous/baseline levels of hormones, your patient must avoid hormone use for at least 72 hours prior to collection. After 72 hours, supplementation ranges are no longer applied.

| Route of Delivery | Dosage Interval |
|--|---|
| Topical (including vaginal administration) | 12-24 hours prior to sample collection |
| Sublingual (dissolved under the tongue) | 24 to 36 hours, followed by 2, 8 oz. glasses of water |
| Oral | Continue day of collection |
| IM Injections | Mid-cycle |
| Subcutaneous Pellets | Mid-cycle |
| Transdermal Patch | Mid-cycle |
| Cortisol | Discontinue 4-5 days prior to sample collection |

Topical (including vaginal administration): The ideal dosage interval is 12-24 hours before sample collection (the time between last hormone application and first morning sample collection should be 12-24 hours). DO NOT APPLY ANY TOPICAL HORMONES THROUGHOUT THE ENTIRE DAY OF COLLECTION, RESUMING USE AFTER THE 4TH SAMPLE HAS BEEN COLLECTED.

Note: For dosages typically applied at bed-time, refrain from use the evening prior to sample collection or use topical formulation earlier in the day if the period between application and sample collection will be less than 12 hours; i.e.: 6:00 PM application for a 7:00 AM wake-up/morning sample collection (giving a 13 hour dosage interval).

Sublingual (dissolved under the tongue): The interval between last hormone usage and first AM salivary sample collection should ideally be 24 to 36 hours. After the last dose of the hormone has dissolved in the mouth, it should be followed by two 8 oz glasses of water to clear the mouth of any residual hormone. The first saliva sample should then be collected 24 - 36 hours later. DO NOT USE ANY SUBLINGUAL HORMONES THROUGHOUT THE ENTIRE DAY OF COLLECTION, RESUMING USE AFTER THE 4TH SAMPLE HAS BEEN COLLECTED. Note: Residual contamination is often observed in samples with dosage intervals under 24 hours.

Oral: It is recommended to continue PO supplementation (including DHEA) as prescribed on the day of collection.

IM Injections: The recommended dosing interval for IM hormones is mid-cycle. For example, the ideal sample collection day for hormone(s) being injected every two weeks (14 days) is 7 days after injection.

Subcutaneous Pellets: The recommended dosing interval for subcutaneous pellets is mid cycle. For example, the ideal sample collection day for hormone level monitoring when pellets are replaced every 90 days, is approximately day 45.

Transdermal Patch: Though the hormone in a transdermal patch is formulated for continual release, a tapering of dose does occur. Therefore, the recommended dosage interval for transdermal patches is mid cycle. For example, if a patch is replaced weekly (every 7 days) ideal sample collection should occur approximately 3-4 days after application.

Cortisol: Oral cortisol peaks and returns to baseline within 1-3 hours; therefore it is difficult to measure the therapeutic levels of hydrocortisone/cortisol. It is typically recommended to evaluate endogenous production of cortisol and, as such, recommended to stop ALL cortisol supplementation (including inhalers and topical creams) 4-5 days prior to sample collection.