

BENEFITS OF ADDING SALIVA TO CURRENT TESTING PROTOCOLS

Used to Diagnose and Monitor Treatment of Hormonal Disorders

RELIABLE & ACCURATE

- Saliva testing is a consistent, highly accurate, & dependable method for measuring free testosterone levels.¹
- Saliva can be used in a clinical setting to diagnose and monitor treatment of hormonal disorders.²
- SimplyTest saliva sample preservation buffer increases test precision, accuracy, and assay reproducibility.³
- Testing results available in 24–48 hours.

PAIN-FREE COLLECTION

- When establishing an initial screen value with saliva, testing should be done on 2 consecutive days.
- Initial therapy monitoring is often recommended at 4 weeks. Initial and treatment monitoring is recommended at 3 to 6 months to ensure patients are within the desired ranges.⁵
- One saliva test is acceptable for the maintenance and monitoring of testosterone supplementation.



EASILY SUPPORTS PATIENT IN-HOME SELF-COLLECTION

- Maintains post-collection in-device stability at room temperature.
- Saliva testing is less expensive than conventional serum testing.
- SimplyTest easily advances direct-to-consumer screening and monitoring application opportunities.

PATIENT SATISFACTION

- Patients prefer the pain-free, non-invasive, and ease-of-use saliva testing offers.
- Saliva collection avoids the stress impact a blood draw can have on hormone levels.
- Reports demonstrate an increase in overall test participation & on-going compliance with frequent testing regimens when saliva is offered.⁴
- When screening or monitoring for disorders that require multiple specimen collections in a day, in weeks, or even months later, saliva easily enables the opportunity to deliver a testing sample with little to no impact to a patient's regular routine.

[1] Keevil, B. G., MacDonald, P., Macdowall, W., Lee, D. M., Wu, F. C., & NATSAL Team (2014). Salivary testosterone measurement by liquid chromatography tandem mass spectrometry in adult males and females. *Annals of clinical biochemistry*, 51(Pt 3), 368–378. <https://doi.org/10.1177/0004563213506412>

[2] Hammerich, K. H., Donahue, T. F., Rosner, I. L., Cullen, J., Kuo, H. C., Hurwitz, L., Chen, Y., Bernstein, M., Coleman, J., Danila, D. C., & Metwalli, A. R. (2017). Alkaline phosphatase velocity predicts overall survival and bone metastasis in patients with castration-resistant prostate cancer. *Urologic oncology*, 35(7), 460.e21–460.e28. <https://doi.org/10.1016/j.urolonc.2017.02.001>

[3] Alimetrix 2023, Testosterone Assay Validation Summary

[4] Dhima, M., Salinas, T. J., Wermers, R. A., Weaver, A. L., & Koka, S. (2013). Preference changes of adult outpatients for giving saliva, urine and blood for clinical testing after actual sample collection. *Journal of prosthodontic research*, 57(1), 51–56. <https://doi.org/10.1016/j.jpor.2012.09.004>

[5] Fui, M. N. T., Dupuis, P., & Grossmann, M. (2014). Lowered testosterone in male obesity: Mechanisms, morbidity and management. *Asian Journal of Andrology*, 16(2), 223–231. <https://doi.org/10.4103/1008-682X.122585>