www.miracare.com

Mira Testing Instructions Based on Reproductive Category

Test with first morning urine (concentrated sample):

- At least 4 hours between voids.
- If testing later in the day, hold urine for at least 4 hours while limiting oral intake for at least 2 hours before the test.
- Try to test at the same time every morning for consistent results.
- Try to limit (<100 ml) fluids intake before going to bed and during the night.

Preferred Dipping Method:

- Submerge wand to “max” line.
- Dip the wand into the urine for 20 seconds.

Analyzing Process:

- Ensure cap is applied and remains in place while testing.
- Place capped wand into analyzer.
- Set analyzer on a flat surface and do not move during testing.
- Analyzing takes 16-21 minutes depending on the wand.

Saving Urine:

- Keep urine sample until successful result is obtained.
- Do not test with urine that is older than 4 hours.

Storage:

- Store analyzer and wands in a cool dry location. Avoid high moisture, heat, or freezing.

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General Hormone Patterns

Estrogen (E3G): Levels should increase approaching ovulation and have a second rise during the luteal phase. For irregular cycles and cycleabnormalities it is helpful to track E3G throughout the cycle to see the E3G pattern and evaluate for estrogen dominance or estrogen insufficiency.
Luteinizing Hormone (LH): The LH surge should be detected once a cycle over the course of 1-3 days. Consistently elevated LH or lack of an LH surge are signs of hormonal issues.
Progesterone (PdG): Levels should rise after the LH surge confirming ovulation occurred and corpus luteum was formed. PdG may rise during ovulation, decline, and then rise again.
Follicle Stimulating Hormone (FSH): FSH rises three times throughout the menstrual cycle. 1) As menstruation is approaching to prepare for the following cycle. 2) At the beginning of the cycle 3) During the LH surge. Consistently elevated FSH may indicate a hormone abnormality and/or ovarian failure.

Testing Pattern Based on Reproductive Category

Regular cycles to achieve a pregnancy.

Recommended: Test E3G, LH, and PdG (MAX wand) daily from cycle day 6 until the next menses.

Cost-Saving Option 1: Test E3G and LH (PLUS wand) daily from cycle day 8 until LH surge then test E3G, LH and PdG (MAX wand) until menses.

Cost-Saving Option 2: Test E3G and LH (PLUS wand) every other day from cycle day 8 until fertile window begins. Test E3G and LH (PLUS wand) daily during fertile window. Test E3G, LH, and PdG (MAX wands) every other day after LH surge until menses.

Regular cycles to avoid a pregnancy.

1. Test E3G and LH from cycle day 6 until LH surge.
2. Test PdG for at least three days to confirm ovulation with elevated PdG.
3. Pause testing for remainder of the cycle.

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Irregular cycles

1. Test E3G, LH, and PdG (MAX wand) from day 6 until next menses.
2. Consider testing FSH (OVUM wand) on cycle day 3, 4, or 5 and during LH surge.

Post-Miscarriage

1. Begin testing E3G, LH, and PdG (MAX wand) once HCG level is to a pre-pregnancy level.
2. Continue testing until LH surge is detected and ovulation is confirmed with high PdG.

Postpartum lactational amenorrhea (before cycles return while postpartum lactating)

1. Test E3G and LH daily or every other day to determine infertile pattern.
2. Test PdG after first LH surge is detected to confirm ovulation.

Perimenopause regular cycles

1. Test E3G, LH, and PdG (MAX wand) from day 6 until next menses.
2. Consider testing FSH (OVUM wand) on cycle day 3, 4, or 5 and during the LH surge.

Perimenopause irregular cycles

1. Test E3G, LH, and PdG (MAX wand).
2. Consider testing daily with FSH (OVUM wand).

Special considerations

Taking hormones or supplements to increase hormones levels such as DHEA may cause E3G and PdG levels to reach max thresholds.

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Testing Pattern for Medicated Cycles

1. Test E3G, LH, and PdG (MAX wand) daily from cycle day 6 until the next menses.

2. Consider testing FSH (OVUM wand) daily

OR

1. Test E3G and LH (PLUS wand) daily from cycle day 6 until LH surge then test E3G, LH and PdG (MAX wand) until menses.

2. Consider testing FSH (OVUM wand) on cycle day 3, 4 or 5 and during LH surge.

Ultrasound Timing

1. Consider performing an ultrasound the day before Mira's predicted LH surge to ensure dominant ripe follicle.

2. Consider performing an ultrasound 1-2 days after the LH surge to confirm there is a ruptured follicle and formation of the corpus luteum confirming successful ovulation.

Trigger Shot Timing

Can be timed accurately by monitoring E3G and LH.

Special Considerations

Bio-identical progesterone supplementation may cause PdG to reach max threshold of 30.

Clomid will affect Mira E3G results and may cause E3G to reach max threshold of 640.

Letrozole may affect E3G levels as it works by blocking estrogen synthesis so E3G levels may be lower during Letrozole administration. After stopping letrozole, estrogen levels may rebound and E3G may reach the max threshold of 640.

Human chorionic gonadotropin (HCG) injections used as a trigger shot may cause LH to rise as HCG is cross-reactive for LH.

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Frequently Asked Questions

What if my sleep schedule is abnormal or I cannot collect a first morning urine?

Collect your sample after your longest period of sleep ensuring it is a concentrated sample by holding your urine for at least 4 hours while limiting oral fluid intake for at least 2 hours before the test. For best results, try to be consistent with your testing pattern.

How can I reduce the cost of testing?

Test every other day from cycle day 6 until your fertile window, test daily during the fertile window, and test every other day or every three days during the luteal phase. Test FSH on cycle day 3 and during the LH surge instead of daily.

What do I do if I wake up during the night and need to urinate?

You can collect your urine sample at that time and either perform the test right away or when you wake up but no later than 4 hours after you collected the sample as the hormone metabolites begin to deteriorate in the urine.

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