



Predicts the 2 Days
When You Are Most Likely
to Become Pregnant

INSTRUCTIONS AND USE

- READ ALL THE INFORMATION IN THIS LEAFLET BEFORE PERFORMING THE TEST. THE DIRECTIONS SHOULD BE FOLLOWED PRECISELY TO GET ACCURATE RESULTS.
- Do not use this product after expiration date stamped on the side carton.
 - Store in a dry place below 30°C (86°F). Do not freeze.
 - Keep out of reach of children.
 - This test is not reusable.
 - **For in-vitro diagnostic use. Not to be taken internally.**
 - This test cannot be used for contraception (birth control) or gender selection.

If you have any questions, call us toll-free at 1-800-268-3186, Monday-Friday from 7:00 AM to 5:00 PM Eastern Time.

When to use the FIRST RESPONSE™ Easy-Read Ovulation Test

The FIRST RESPONSE™ Ovulation Test detects the LH surge in urine, signaling that ovulation is likely to occur in the next 24–36 hours. If you have intercourse within the next 24–36 hours after detecting your surge, you will maximize your chances of becoming pregnant. The table below will help you determine when to begin testing. You may test at any time of the day, but you should test at approximately the same time each day. Reduce your liquid intake for 2 hours before testing.

WHEN TO TEST

To find out when to begin testing, determine the length of your normal cycle. The length of your cycle is from the beginning of one period to the beginning of the next. **Count the first day of bleeding or spotting as day 1.** If your cycle length is irregular, that is, if it varies by more than a few days each month, take the average number of days for the last 3 months. Use the chart below to figure out the day you should begin testing. The day you begin testing is listed opposite the number of days in your cycle.

Length of Cycle (Days)	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Using the first day of bleeding or spotting as Day 1, count forward the following number of days to begin testing.	Day 5	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23

Example: Ms. Smith has a regular cycle of 28 days and started her period on the 4th. **Beginning with the 4th day as day 1,** she counts forward 11 days and begins testing on the 14th.

Sun	M	T	W	Th	F	Sat
		1	2	3	Day 1 4 Period Start	5
6	7	8	9	10	11	12
13	Start 14 Testing					

INSTRUCTIONS

STEP 1 Remove the test stick from the purple foil wrapper and take off the **Overcap** before using.

STEP 2

EITHER

- Holding the test stick by the **Thumb Grip** with the **Absorbent Tip** pointing downward and the **Result Window** facing away from your body, place the **Absorbent Tip** in your urine stream for 5 seconds only.

OR

- You may also collect your urine in a clean, dry cup and immerse the entire **Absorbent Tip** in the urine for 5 seconds only.

READING THE RESULT – READ YOUR RESULT AT 5 MINUTES

STEP 3 **STEP 4** **READ THE COLOR & INTENSITY OF THE LINES NOT THE THICKNESS**

- With the **Absorbent Tip** still pointed downward, replace the **Overcap*** and lay the test stick on a flat surface with the **Result Window** facing up.
- You may soon see a pink color moving across the **Result Window** to indicate the test is working.

STEP 4

- Wait 5 minutes until reading results. Look at the **Result Window** to compare the Test Line to the Reference Line. The Reference Line indicates the test is complete, and you have conducted it correctly.
- After you have read your result, the test should be discarded. The result can be read up to 1 hour.

Scenario A **LH SURGE** Scenario B

Scenario A **NO LH SURGE** Scenario B

LH Surge. Two lines are visible and the color and intensity of the Test Line is **similar to or darker** than the Reference Line. **You should ovulate within the next 24–36 hours. You can stop testing for this cycle.**

No LH Surge. Two lines are visible but the Test Line is lighter than the Reference Line **or** there is a Reference Line and NO visible Test Line. **You should continue with daily testing until the Reference Line and the Test Line have the same color intensity or the Test Line is darker than the Reference Line.**

QUESTIONS & ANSWERS

Q: How accurate is the FIRST RESPONSE™ Ovulation Test?

A: The FIRST RESPONSE™ Ovulation Test is over 99% accurate in detecting the LH surge in laboratory studies.

Q: I have used all 10 tests and I do not see a surge. What do I do?

A: Since not every woman ovulates mid-cycle, you may not detect the LH surge in the first 10 days of testing. This could mean you have not ovulated yet and you should continue testing with additional FIRST RESPONSE™ Ovulation Tests.

Q: I have used the FIRST RESPONSE™ Ovulation Test for 3 months, and have not become pregnant yet. What is wrong?

A: First, it is important to remember that it can take normal, healthy couples many months to become pregnant. There are many factors which affect your ability to become pregnant even if you have been able to have intercourse during your most fertile time. If after several months you have no success, consult your healthcare professional. Since you have been monitoring your LH surge with the FIRST RESPONSE™ Ovulation Test, you will be able to give your healthcare professional a clearer picture of how you have been ovulating.

Q: Once I detect my LH surge, when is the best time to have intercourse?

A: Your two most fertile days begin with the LH surge. You are most likely to get pregnant if you have intercourse within 24–36 hours after you detect your LH surge.

Q: I have waited longer than 5 minutes, and still there are no lines in the Result Window. Is there anything wrong?

A: There should be at least one pink line in the **Result Window** at 5 minutes. If not, the test is invalid. This could be due to insufficient urine on the **Absorbent Tip** or not laying the test stick on a flat surface with the **Result Window** facing up. You should retest with another stick, carefully following all directions.

Q: Will my result change if left standing for a certain period of time?

A: The test result can be read up to 1 hour.

Q: Do any medical conditions or drugs affect the test?

A: Certain medical conditions may adversely affect the reliability of this test for predicting ovulation. These include pregnancy, postpartum, post-abortion, polycystic ovary syndrome (PCOS), ovarian cysts, the onset of menopause, and untreated hypothyroidism. Some prescription drugs, such as menotropins for injection (Pergonal¹) and danazol (Danocrine²), may affect the result you see. If you are undergoing therapy with Clomiphene citrate (e.g., Clomid³ or Serophene⁴), please consult your healthcare professional for the appropriate time to begin testing. Medications containing hCG or LH may affect the test and should not be taken while using this test. Women with medically diagnosed fertility problems should consult their healthcare professional before using this product.

Q: Will oral contraceptives affect the results?

A: After using oral contraceptives your cycle may be irregular and may take some time to stabilize again. You may wish to wait until you have had two normal periods before starting to use the FIRST RESPONSE™ Ovulation Test. Follow your healthcare professional’s advice on when to best try to become pregnant.

Q: If the FIRST RESPONSE™ Ovulation Test can determine my most fertile time, why can’t I use it for contraception (birth control)?

A: Sperm can survive up to 72 hours (3 days), and this test predicts your LH surge only up to 24–36 hours in advance. Therefore, if you have intercourse before you discover your surge, the egg can still be fertilized.

Q: How does the test work?

A: Luteinizing Hormone (LH) is always present in your urine and increases just before ovulation. This increase or “surge” in LH triggers ovulation, which is the release of an egg from your ovaries and the most fertile time of your cycle. The FIRST RESPONSE™ Ovulation Test detects the LH surge, which precedes ovulation by 24–36 hours. Your two most fertile days begin with the LH surge. If you have intercourse within the next 24–36 hours of your surge, you will maximize your chances of becoming pregnant.

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Limitations of the Test

Some prescription drugs, such as menotropins for injection (e.g., Pergonal¹) and danazol (e.g., Danocrine²), may affect the result you see with the FIRST RESPONSE™ Ovulation Test. If you are undergoing therapy with Clomiphene citrate (e.g., Clomid³ or Serophene⁴), please consult your healthcare professional about how this may affect your test result.

Medications containing hCG or LH may affect the test and should not be taken while using this test. In addition, the results of the test may not be valid if you are taking oral contraceptives. Some women do not ovulate every cycle and they will not see any increase in the level of LH during these non-ovulating cycles. Certain medical conditions may adversely affect the reliability of this test for predicting ovulation. These include pregnancy, postpartum, post-abortion, polycystic ovary syndrome (PCOS), ovarian cysts, the onset of menopause, and untreated hypothyroidism. Women with medically diagnosed fertility problems should consult their healthcare professionals before using this product.

A Healthy Pregnancy Starts Now

Nutrition and your pregnancy

Everyone knows that good nutrition is essential once you are pregnant. But did you know that babies undergo a critical period for brain and spinal development in the first two weeks of life? That’s before you may even know you are pregnant!

Throughout your pregnancy, including this early period, proper nutrition is essential. For example, sufficient amounts of folic acid can be instrumental in helping prevent some types of birth defects. Of course eating a balanced diet will help. But if you’re like many women, you may find it difficult to get enough folic acid and other essential nutrients from dietary intake alone. Speak with your healthcare professional for a recommendation on a high-quality prenatal vitamin to ensure you’re getting the added nutrition you and your baby need.

To increase your chances for a healthy pregnancy for you and your baby, you should consider the following:

- Maintain a well-balanced diet
- Stop smoking

From conception through the first three months of pregnancy is the most important time. You need to see your healthcare professional immediately for proper care and nutrition counseling.

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*Replacement of the **Overcap** is not necessary for the proper functioning of the test.