STOOL SAMPLE COLLECTION

Instructions et precautions:

- Avoid contaminating stool with toilet water and/or urine (except if collected from a diaper or incontinence underwear); Do not collect a stool sample from the toilet bowl. Use a clean container with a large opening.
- Do not use a laxative or suppository to pass stool.
- Transfer enough stool that the liquid is flush with the arrow/line on the label of the cup.
- Liquid preservation mediums are TOXIC.
- If you have been given 2 identical cups, you must collect specimens on 2 consecutive days.
- All stool samples must be stored in the refrigerator, unless otherwise indicated.
- All stool samples must be returned within 24 hours at the most, unless otherwise indicated.

Other tests

Date and Time of sample ————————————

☐ Testing for parasites: worm or eggs (code 360)

Cup with adhesive strip
Return the same day and store at room temperature

Date and Time of sample ————————————

☐ Testing for C.difficile toxin (code 213) Dry cup

☐ Testing for Rotavirus (code 215) Dry cup

From January to May → MANDATORY for children age 5 and below
Département de biologie médicale

STOOL SAMPLE # 1

Date and Time of sample

☐ Stool culture # 1  (code 212)  Cup with pink liquid
☐ Parasitic diarrhea # 1  (code 682)  Sterile dry cup
☐ Protozoan research # 1  (code 683)  SAF cup with clear liquid
  Justifications:  
  ☐ Cystoisospora, Cyclospora, Microsporidium
  ☐ Entamoeba histolytica
☐ Search for helminths # 1  (code 684)  SAF cup with clear liquid
  Justifications:  
  ☐ Immunosuppression
  ☐ Suspected helminth infection
  ☐ Immigrant or refugee patient

STOOL SAMPLE #2  Day different from stool #1

Date and Time of sample

☐ Stool culture # 2  (code 800)  Cup with pink liquid
☐ Protozoan research # 2  SAF cup with clear liquid + Sterile dry cup
☐ Search for helminths # 2  SAF cup with clear liquid

MANDATORY QUESTIONNAIRE IN THE CASE PARASITE TESTING

In the 5 days prior to sample collection, did you take any antibiotics, laxatives or anti-diarrhea medication?
☐ No
☐ Yes – Name: ________________________________

Did you travel to another country in the last 3 months?
☐ No
☐ Yes, specify: ________________________________

Are you originally from a country other than Canada?
☐ No
☐ Yes, specify: ________________________________