

Département de biologie médicale

Centre intégré
de santé
et de services sociaux
des Laurentides

Québec 

OPTILAB LLL

STOOL SAMPLE COLLECTION

Where do you go to receive and to return the collection cups?

Go to the **Centre de Prélèvements de St-Jérôme** at 480, 5^e Rue, St-Jérôme, J7Z OH6 between **7:00 at 11h30 and 13h15 at 14:30 PM** Monday to Friday, except holidays.

Please take a ticket labeled for **AUTRES (Retour/Cueillette de contenants)** from the ticket dispenser located at the entrance.

Instructions et precautions:

- Avoid contaminating stool with toilet water and/or with 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 Rotavirus** (code 215) **Dry cup**

From January to May → MANDATORY for children age 5 and below

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STOOL SAMPLE # 1

RAMQ Identification

Physician: _____

Licence # : _____

Clinic: _____

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

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: _____