

RAMQ Identification

Physician : _____


Licence : _____

Clinic : _____

DAY #1


Date and time of sample : _____

☐ **Stool culture day 1** (#212)



Cup with pink liquid #1 

☐ **Parasitic research** (#682)



☐ **Parasitic diarrhea**

☐ Screening Dry cup Only one day 

☐ Return trip } SAF cup with clear liquid +

☐ Immunosuppression } 2 Dry cup day #1  

☐ Entamoeba histolytica } SAF cup with clear liquid +

☐ Cystoisospora and Cyclospora } Dry cup day #1  

DAY #2

Date and time of sample : _____

☐ **Stool culture day 2** (#800)


Cup with pink liquid #2 

☐ **Parasitic diarrhea day 2**  


SAF cup with clear liquid + dry cup day #2

OR/AND

☐ **Eggs and Worms research day 1**

SAF cup with clear liquid #1 

☐ **Eggs and Worms research day 2**

SAF cup with clear liquid #2 


☐ Recommended by a microbiologist

☐ Suspected helminth infection

☐ Immunosuppression

☐ Immigrant or refugee patient

☐ **Testing for *C.difficile* toxin (SEDFF)**

Day 2 only – Dry cup 

MANDATORY QUESTIONNAIRE FOR PARASITE RESEARCH

In the 5 days prior to sample collection, did you take any antibiotics, laxatives or anti-diarrhea medication?

☐ No ☐ Yes, specify : _____

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 : _____

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.

STOOL SAMPLE COLLECTION

Instructions and 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 comes up to the arrow line on the label of the cup.
- **Liquid preservation mediums are TOXIC**
- All stool samples must be returned **within 24 hours at the most** unless otherwise indicated.

Conservation of containers

Cup with pink liquid	Refrigerator at 4 °C
Dry cup	Refrigerator at 4 °C
SAF cup clear liquid	Room temperature
Cup with adhesive strip	Room temperature

Others tests

Done on one stool only

Date and time of sample : _____

- ☐ **Testing for pinworms** : worm and eggs (#code 360)

Cup with adhesive strip 

Date and time of sample : _____

- ☐ **Testing for Rotavirus** (#code 215)

Dry cup 

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