

IMPORTANT! PLEASE SEE OVERLEAF FOR PATIENT CHECKLIST

Items Included in Your Collection Kit		Safety Note	For Assistance
<ul style="list-style-type: none"> > 1x Kit Box > 1x Test Request Form (TRF) > 1x Stool Collection Tray > 1x Stool Collection Instructions > 1x Patient Checklist Form 	<ul style="list-style-type: none"> > 1x Specimen Vial* > 2x Gloves > 1x Zip Closure Specimen Bag > 1x Absorbent Pad > 1x Express Post Returns Padded Envelope 	<p>* Avoid contact with skin and eyes to the specimen vial fluid. If you do get fluid in your eyes, flush eyes with water for 15 minutes.</p> <p>If your skin comes in contact with vial fluid, wash with soap and water. If ingested, please contact a physician.</p>	<p>If you are missing any of the needed components or have questions about the collection, please contact the Designs for Health Customer Service Department:</p> <ul style="list-style-type: none"> > 02 9136 6266 > testing@designsforhealth.com.au

STOOL COLLECTION INSTRUCTIONS

FOLLOW INSTRUCTIONS CAREFULLY - IMPROPER COLLECTION MAY INVALIDATE RESULTS

PRACTITIONER	The request form must be completed by the practitioner with full patient details (patient name, address, date of birth).	COLLECTION DAY	SUNDAY or MONDAY only. If sample is collected on the Sunday, please ensure it is kept refrigerated until Monday.
PATIENT	Please read carefully. Due to time sensitivity of this test please collect on SUNDAY or MONDAY only.	RETURN SAMPLE	On Monday via Express Post. Please drop off your sample to an Australia Post Office and talk to representative at front counter - please ensure sample is posted prior to 5pm on Monday.


1



NOTE: Please review all instructions and collection kit components before starting your sample collection. **DO NOT** discontinue taking prescription medications unless directed by your physician or health care professional.

Write the Patient Name, Collection Date and collection time on the Specimen Vial.


4



A) Carefully mix stool and fluid with the spoon attached to the cap.

B) Replace cap tightly and shake vial vigorously for 30 seconds.


2



If possible, void urine prior to collecting stool to avoid mixing it with your stool sample.

Put gloves on and pass stool into provided Collection Tray.

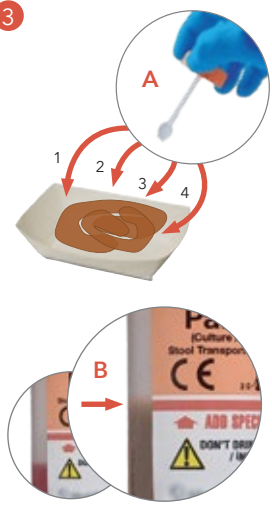
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A) Fill out the Test Request Form completely and place form into the document holder located on the reply paid padded envelope marked "INSERT TEST REQUEST FORM" and seal.

NOTE: Be sure to write the date of sample collection on the Test Request Form.

3



DO NOT DISCARD THE PINK LIQUID IN THE SPECIMEN VIAL.

A) Using the spoon attached to the cap of the Specimen Vial, spoon stool from multiple areas of the sample into the vial.*

* Collect from at least 4 areas going left to right.

B) Fill Specimen Vial to the red "Fill Line" indicated on label.

Failure to add sufficient sample may result in the laboratory not being able to process the sample.

B) Place capped Specimen Vial containing the collected stool sample into the Specimen Bag along with Absorbent Pad and seal the bag.

C) Place the specimen bag with the collected sample into the padded Express Post Returns bag.

D) Return envelope to Designs for Health via your nearest Australia Post Office.

IMPORTANT: KEEP SPECIMEN REFRIGERATED (NOT FROZEN) UNTIL READY TO RETURN TO DESIGNS FOR HEALTH.



REMEMBER TO COMPLETE PATIENT CHECKLIST FORM TO ENSURE YOUR SAMPLE IS READY FOR SHIPPING

PATIENT CHECKLIST FORM EXPRESS POST

Please complete the following checklist prior to posting samples to ensure no delays in test results.

PATIENT CHECKLIST	TICK
I have checked that my original TEST REQUEST FORM issued by the practitioner has ALL my PATIENT INFORMATION clearly printed on it. This includes patient full name, date of birth, phone number and email.	
I have labelled SPECIMEN VIAL for transport with the following information: PATIENT NAME, TIME and DATE of specimen collection. Ensure collection date is noted on the TEST REQUEST FORM also.	
I have placed my TEST REQUEST FORM into the document holder located on the Express Post Returns padded envelope marked "INSERT TEST REQUEST FORM" and sealed.	
I have placed my specimen along with the absorbent pad in the resealable section of the specimen bag and have checked that the bag is fully sealed.	

Upon completion of the above checklist, please fill out your sender details and sign the Express Post label. Place the specimen bag inside the Express Post envelope and drop into your nearest Post Office.

Thank you for your request. Results will be emailed to your practitioner.