

Items Included in Your Collection Kit	Safety Note	For Assistance
<ul style="list-style-type: none"> <li>&gt; 1x Kit Box</li> <li>&gt; 1x Test Request Form (TRF)</li> <li>&gt; 1x Stool Collection Tray</li> <li>&gt; 1x Stool Collection Instructions</li> <li>&gt; 1x Patient Checklist Form</li> <li>&gt; 1x Specimen Vial*</li> <li>&gt; 2x Gloves</li> <li>&gt; 1x Zip Closure Specimen Bag</li> <li>&gt; 1x Absorbent Pad</li> <li>&gt; 1x Australia Post Mailer</li> </ul>	<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. 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 <b>Designs for Health Customer Service Department:</b></p> <ul style="list-style-type: none"> <li>&gt; 02 9136 6266</li> <li>&gt; gi-map@designsforhealth.com.au</li> </ul>

## STOOL COLLECTION INSTRUCTIONS

FOLLOW INSTRUCTIONS CAREFULLY - IMPROPER COLLECTION MAY INVALIDATE RESULTS

<b>PRACTITIONER</b>	The request form must be completed by the practitioner with full patient details (patient name, address, date of birth).	<b>COLLECTION DAY</b>	<b>MONDAY only.</b>
<b>PATIENT</b>	Please read carefully. Due to time sensitivity of this test please collect on <b>MONDAY only.</b>	<b>RETURN SAMPLE</b>	on Monday via Express Post Box or the Post Office - please ensure sample is posted prior to Monday 5pm to ensure Tuesday delivery.


**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, Date of Birth (**on ID Number line\***), and Collection Date 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.

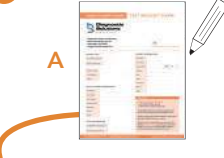
**2**



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.

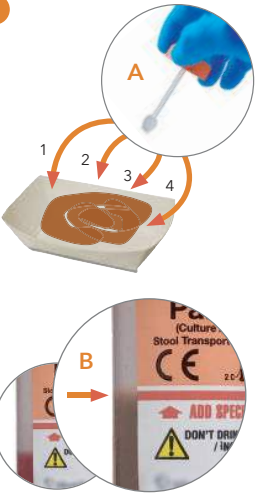
**5**



**A)** Fill out the Test Request Form completely and place form into the document holder of the Specimen Bag.

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

**C)** Indicate stool appearance by ticking one of the 4 boxes on the label on the vial.

**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 and test request form into the reply paid padded envelope.

**D)** Return envelope to Designs for Health via your nearest Australia Post Office or place in Yellow Australia Post box.

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

**D** Express Post

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 with my original request form issued by the practitioner has ALL my PATIENT INFORMATION clearly printed on the request form. This includes Patient full name, Date of Birth, residential address, phone number and email. Ensure the TEST INFORMATION section is also complete.	
I have labelled ALL specimens for transport with the following information: patient name, Date of Birth, and the TIME and DATE of specimen collection. Ensure collection date is noted on the test request form under test information.	
I have inserted my completed TEST REQUEST FORM into the non-sealable section of the specimen bag.	
I have placed ALL specimens for transport 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 (containing specimens and request form) inside the Express Post envelope and drop into your nearest Express Post bin or Post Office.

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