UNMC | REGIONAL PATHOLOGY SERVICES

PATIENT STOOL COLLECTION INSTRUCTIONS

—READ ALL INSTRUCTIONS PRIOR TO COLLECTION—

- The testing requested by our provider requires the collection of a stool sample (bowel movement).
- Prior to collection discuss with your provider if any of the following apply to you during the past week:
  - Antibiotic use within the last week
  - Radiology exam that required you to take any of the following- barium, bismuth (Pepto Bismol), antidiarrheal medications (Lomotil, Imodium) or oily laxatives (Mineral Oil)

1 Wash hands and set out all of the items you will need to collect a stool sample.
- Collection hat
- Collection containers
- Biohazard bags

2

** Actual label may vary from image.*

Write Patient Name, Date of Birth, time and date collected on the side of all specimen containers.

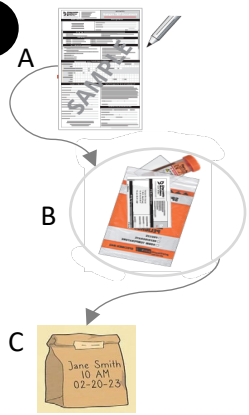
Void urine before placing hat. DO NOT mix urine, toilet water or toilet paper with sample.

3 Place stool hat in your toilet seat. To put the hat in place, lift up the toilet seat, place the hat over the bowl, and then close the toilet seat again. Position yourself on top of the portion of the bowl covered by the hat.

4 Follow the specific instructions listed next to the test(s) your provider has marked on the next page.

See specific container instructions on pg 2

5



A) Place the Test Request Form into the document pocket of one of the specimen bags –and- page 2 of this document

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

B) Check that the container is closed & place each container in their own biohazard bag & seal bag.

C) Place all specimen bags into a paper bag of same storage temperature. Storage temperatures are listed on page 2 next to the test selection

6 Drop off the stool samples and paperwork to one of the following locations AS SOON AS POSSIBLE or within 24 hours of collection.

OMAHA—

Oakview Medical Building
2727 South 144th St Suite 160
Omaha, NE 68144
P 402-778-5390 | F 402-559-9800
M to F 8:00am-5:30pm, Sat 8am-3 pm, Sun closed

Bellevue Medical Center Laboratory
2510 Bellevue Medical Center, Level 1
Bellevue, NE 68123
P 402-763-3202 | F 402-559-8951
M to F 6am - 6pm, Sat 6:30am-12:30pm, Sun closed

LINCOLN—

Regional Pathology Services-Central
300 N 44th St., Suite 110
Lincoln, NE 68503
P 402-559-2299 | F 402-805-4830
M to F 7am-6pm

Regional Pathology Services-North
4911 N 26th St, Suite 108
Lincoln, NE 68521
P 402-559-2147 | F 531-530-1130
M to F 7:00am-8:30pm

All tests in this list can share the same container.

_____**AGROTA** (Rotavirus, AG)
_____**CALPRO** (Calprotectin)
_____**CDIFD** (C. Difficile Toxin)
_____**HPYSA** (H. Pylori Stool)
_____**NVDET** (Norovirus RNA)
_____**STWBC** (WBC stool)

- Open the clean container.
- Fill with 5 mL of stool for each test selected on the left. Or fill container as full as possible.
- Tighten cap.

NOTE: Only liquid stools taking the form of the container will be accepted for CDIFD testing.

REFRIGERATE AS SOON AS POSSIBLE (must be frozen within 3 days)

All tests in this list can share the same container.

_____**ELASTA**
(Pancreatic Elastase)
_____**FECFAT**
(Fat, Fecal, Qualitative 'spot test')
_____**LACTOF** (Lactoferrin)
_____**SPH** (PH stool)
_____**GIPARA** (GI Parasite Panel)
ARUP #2011150

- Open the clean container.
- Fill with 5 mL of stool for each test selected on the left. Or fill container as full as possible.
- Tighten cap.

REFRIGERATE AS SOON AS POSSIBLE

Separate containers are needed for each test marked in this box.

_____**CRPTAG**
(Cryptosporidium)
_____**GAEIA** (Giardia)
_____**MCYERS** (Yersinia)
_____**GIP**
(Gastrointestinal Pathogen Panel)

- Open the Para-Pak Enteric Plus green vial and use the collection spoon built into the lid to place small scoopfuls of stool from the areas that appear slimy, bloody, or watery.
- FILL TO RED 'FILL' LINE
- Tighten cap and shake firmly to mix.

REFRIGERATE AS SOON AS POSSIBLE

_____ **STCULT**
(Stool culture)

- Open the Para-Pak Enteric Plus green vial and use the collection spoon built into the lid to place small scoopfuls of stool from the areas that appear slimy, bloody, or watery.
- FILL TO RED 'FILL' LINE
- Tighten cap and shake firmly to mix.

STORE AT ROOM TEMPERATURE

Separate containers are needed for each test marked in this box.
Preferred is 3 separate stool specimens collected over a 5-7 day period for each test marked.

_____**OPFEC**
(Ova & Parasite)
_____**PARAST**
(Cryptosporidium and Coccidia)

- Open the AlcorFix vial, keep liquid and discard green lid. Use the green scoop and transfer stool into the vial.
  1 scoop=solid formed stool
  2 scoops=if stool is liquid
- Tighten cap using the scoop with lid

STORE AT ROOM TEMPERATURE

RPS Client Services
P 402-559-6420 | 800-334-0459
F 402-559-9497

Return to STEP 5