

**FECES COLLECTION for  
Culture and Ova & Parasites  
GLS.110**

<b>How to Prepare</b>	<ul style="list-style-type: none"> <li>There are no special procedures to follow to prepare for this test.</li> </ul>
<b>Risks or Cautions</b>	<ul style="list-style-type: none"> <li>The liquids in the container are poisonous. If you or somebody drinks this liquid, call a doctor or poison control immediately.</li> </ul>
<b>Labelling the Sample</b>	<p>Label the collection container with:</p> <ul style="list-style-type: none"> <li>Your (the patient) <b><u>full first and last name, date and time of collection, Provincial Health Insurance (PHN/ULI), or Government issued identification such as (Federal, Military, RCMP, Immigration, Passport #)</u></b></li> <li>If you've been provided with a patient label, attach this label to the outside of the container.</li> </ul>
<b>Lab Requisition</b>	<ul style="list-style-type: none"> <li><b>Print</b> the date/time the sample was collected on your lab requisition.</li> <li><b>Fold</b> and place the requisition in the <b><u>outside</u></b> pocket of the biohazard bag. <b>Do not</b> put the requisition in the bag with the sample collection container.</li> <li>Fill out the history form as completely and accurately as possible and place in <b><u>outside</u></b> pocket of the biohazard bag.</li> </ul>
<b>Collecting the Sample</b>	<ul style="list-style-type: none"> <li>Defecate directly into a bedpan or a clean, wide mouth, disposable container or a <b>plastic</b> liner in a diaper.</li> <li>Do not collect the sample from the toilet, from toilet paper or the paper fibers of a disposable diaper. Do not get urine in the sample. Do not use an enema to obtain the sample.</li> <li>Put the feces in the collection container (s). If you have been given a sterile stool container, put approximately 20 mL of your feces into the container (at least half full). If you have been given a container with fluid (liquid transport media) put your feces in the container until the level of fluid reaches the fill line on the label. Close the container securely and mix well. <b>Thorough mixing is important.</b> Ensure the outside of container is not contaminated with feces.</li> <li>If you see areas of blood, pus or mucus in your feces, make sure that these are included in the sample you give the laboratory.</li> </ul>
<b>Sample Delivery to Lab</b>	<ul style="list-style-type: none"> <li>Take your sample (s) to your local laboratory as soon as possible.</li> <li>Store in refrigerator until delivery to laboratory is possible.</li> </ul>
<b>Questions About Your Collection?</b>	<p>Laboratory locations and contact information may be found at:</p> <ul style="list-style-type: none"> <li><a href="http://www.myhealth.alberta.ca">www.myhealth.alberta.ca</a></li> <li>Health Link Alberta at 1-866-408-5465</li> </ul>

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**HISTORY FORM**

<b>Patient Full Name:</b> (first and last)		<b>Please Note:</b> Stool from patients who have used stomach related medicines (Pepto-Bismol <sup>®</sup> , Kaopectate <sup>®</sup> , Metamucil <sup>®</sup> , Mineral oil, castor oil) barium, enemas in the last 2 weeks are not suitable for ova and parasite examination, as these may compromise results. Certain antibiotics (e.g. sulfonamides, Tetracyclines) can also compromise results. Recommendation to collect and submit samples 2 weeks after discontinuing.	
<b>Date of Birth:</b>			
<b>PHN # or Unique Identifier #:</b>			
<b>Physician's Name:</b>			
<b>PATIENT PLEASE FILL OUT THE FOLLOWING INFORMATION:</b>			
<b>DATE and TIME of STOOL COLLECTION:</b>		<b>Antibiotics:</b>	
<b>TRAVEL HISTORY</b>		<b>SYMPTOMS</b>	
<b>Travel to, or residence of country other than Canada or USA</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, MUST COMPLETE BELOW</b>		Diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No  If diarrhea present, is it bloody <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Countries visited:</b> ↓	<b>Dates:</b> ↓	Duration of Symptoms: <input type="checkbox"/> ≥ 5 days <input type="checkbox"/> < 5 days	
		<b>EXPOSURE HISTORY</b>	
		<b>Exposure to:</b> (check all which apply)	<b>Specify:</b>
		Raw fish or meat <input type="checkbox"/>	
		Contact with a person with parasitic infection <input type="checkbox"/>	
		Confirmed previous parasitic infection/date <input type="checkbox"/>	
		Contaminated or untreated water <input type="checkbox"/>	
<b>OTHER RELEVANT INFORMATION/DISEASE/CONDITIONS:</b>		<b>DEMOGRAPHICS (check all which apply):</b>	
		Refugee/Recent immigrant/International adoption <input type="checkbox"/>	
		Employment (Food Handler Daycare Worker, Health Care Worker) <input type="checkbox"/>	
		Work Visa <input type="checkbox"/>	