

CHECKLIST (PRIOR TO SHIPPING)

1. All Tubes and Cups

- ☐ Patient's first/last name and date of collection written on all tube labels
- ☐ The specimen and the liquid **do not exceed** the various FILL LINES
- ☐ All the tubes and the cup are **tightly closed**

2. Refrigerate in the Biohazard Bag

- ☐ **GREEN-TOP TUBES (3)**
- ☐ **ORANGE-TOP TUBE**
- ☐ **YELLOW-TOP TUBE**
- ☐ **CLEAR-TOP CUP**

3. Test Requisition Form with Payment

- ☐ Test Requisition Form is complete - **Test is marked, patient's first and last name, date of birth, gender, and date of final collection are recorded**
- ☐ **Payment is included**

SHIP THE SPECIMEN TO THE LAB

Specimen must be returned in the Genova Diagnostics' kit box.

Please refer to the shipping instruction insert found in your kit box.



Call 800.522.4762 or visit our website at www.gdx.net

CDSA 2.0 PURGE RANDOM STOOL SPECIMEN 3 DAY COLLECTION INSTRUCTIONS PATIENT STOOL COLLECTION



The following test(s) can be collected using these instructions:

**CDSA 2.0™ w/ Parasitology #2003
PURGE RANDOM**

Add-ons available

- Campylobacter & Shiga-like Toxin EIA
- Chymotrypsin EIA
- Clostridium difficile EIA*
- Fecal Fats
- Helicobacter pylori Stool Antigen EIA*
- Macroscopic Exam for Worms
- MIC Sensitivities, Yeast or Bacteria
- Occult Blood
- Short Chain Fatty Acids distribution



Test may not be processed without this information.

Test Requisition Form



Please Label:

- ☐ Patient's First/Last name
- ☐ Date of Birth
- ☐ Gender
- ☐ Final Date of Collection

All Tubes



Please Label:

- ☐ Patient's First/Last Name
- ☐ Date of Collection

Specimen

Stool, 6 tubes (filled per instructions), refrigerated

ADDITIONAL MATERIALS

- Disposable latex gloves (3)
- Wooden stick
- Disposable dropper

SHIPPING MATERIALS

- Absorbent pads
- Test requisition form
- 3 Biohazard bags with side pocket
- Specimen collection kit box
- FedEx® Clinical Lab Pak and Billable Stamp

Collection Materials for Stool



Orange-top
Formalin tube



Green-top
SAF tube (3)



Yellow-top
Cary Blair tube



Clear-top cup



Collection device (3)

IMPORTANT PREP BEFORE PATIENT TAKES TEST

IMPORTANT:

- ❑ Please **consult** with your physician **before stopping** any medications. Certain medications and/or supplements may impact test results
- ❑ Test not recommended for patients under 2 years of age
- ❑ **DO NOT** collect samples when there is active bleeding from hemorrhoids or menstruation
- ❑ Tubes are under pressure. **Cover** tube cap with a cloth and **remove** cap slowly. **KEEP TUBES OUT OF REACH OF CHILDREN.**
- ❑ **Avoid** contact with the skin and eyes. For eye contact, **flush** with water for 15 mins. For skin contact, **wash** thoroughly with soap and water. For accidental ingestion, **contact** your local poison control center immediately.

2-4 WEEKS BEFORE THE TEST:

- ❑ **Discontinue** antibiotics, antiparasitics, antifungals, probiotic supplements (acidophilus, etc.)
- ❑ **Discontinue** proton pump inhibitors (PPIs), and bismuth **14 days prior if adding on the *H. pylori* test**
- ❑ **Wait** at least 4 weeks from colonoscopy or barium enema before starting the test

2 DAYS BEFORE THE TEST:

- ❑ **Discontinue** aspirin and other NSAIDs (i.e. ibuprofen), rectal suppositories, enemas, activated charcoal, bismuth, betaine HCl, digestive enzymes, antacids, laxatives, mineral oil, castor oil, and/or bentonite clay

For full details refer to: www.gdx.net/tests/prep

Before collecting your specimen refer to the shipping instruction to determine what day you can ship. Ship only Monday through Friday, and within 24 hours after final collection.

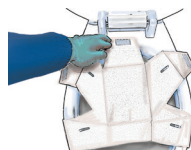
Please read all instructions carefully before beginning.

- 1 IMPORTANT: To ensure accurate test results you MUST provide the requested information.**

Label all tubes with the **patient's first and last name** and **date of collection**. **Write patient's first and last name, date of birth, gender, and final date of collection** on the Test Requisition Form.

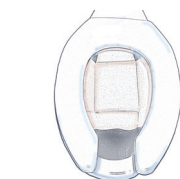
STOOL COLLECTION DAY 1 (PURGE COLLECTION)

- 2** On the day of your first collection, **do not eat or drink** anything except water **before taking the laxative**. **Take** laxative your physician has provided or recommended. Drink 8 oz. of water afterwards. Mild diarrhea should follow in 2-4 hours.



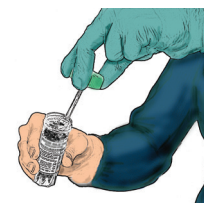
- 3** **Put** on the latex gloves.

- 4** **Lift** toilet seat and **wipe** the surface of the toilet bowl rim. **Unfold** the collection device. **Bend** all the flaps along the lines. **Tap** the largest flap on the back of the toilet. **Tap** two middle flaps to the outside of the toilet bowl as far as possible. **Tap** the front flaps to the outside of the toilet bowl. **Make sure** the collection device is tight and in the shape of a bowl. If not, reposition the flaps. **Lower** the toilet seat once the collection device is ready. *The collection device should not touch the water.*



- 5** **Collect specimen.** Do not let specimen make contact with urine or the water.

- 6** **GREEN-TOP TUBE:** Remove the cap. **Transfer** stool specimen into the tube. **Collect** from different areas of the specimen. **Mix** the specimen with the liquid in the tube until it is as smooth as possible. **Make** sure that the liquid and specimen **do not exceed** the FILL LINE. **DO NOT OVERFILL.** **Screw** the cap on tightly. **Shake** tube for 30 seconds. **DO NOT FREEZE.**



- 7** **Place** in biohazard bag and **refrigerate**.

- 8** **Flush** the collection device and **dispose** of the gloves.

STOOL COLLECTION DAY 2 (RANDOM COLLECTION)

- 9** Repeat STEPS 3 through 8 with second **GREEN-TOP TUBE**

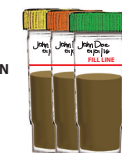


STOOL COLLECTION DAY 3 (RANDOM COLLECTION)

- 10** Repeat STEPS 3 through 8 with third **GREEN-TOP TUBE, ORANGE-TOP TUBE, YELLOW-TOP TUBE,** and the **CLEAR-TOP CUP.**

PLEASE NOTE: CLEAR-TOP CUP: Make sure that the specimen **does not exceed** the 40-ml FILL LINE. **DO NOT OVERFILL.**

BLEND SPECIMEN & PRESERVATIVE CANNOT EXCEED RED FILL LINE



- 11** **Refrigerate** all tubes until ready to ship.