

CHECKLIST (PRIOR TO SHIPPING)

1. All Tubes and Cups

- ☐ Patient's date of birth 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) - LABELED**
- ☐ **ORANGE-TOP TUBE - LABELED**
- ☐ **PINK-TOP TUBE - LABELED**
- ☐ **WHITE-TOP CUP - LABELED**

3. Test Requisition Form with Payment

- ☐ Test Requisition Form is complete - **Test is marked:**
 - ☐ Patient's first /last name
 - ☐ Date of birth
 - ☐ Gender
 - ☐ Final date of collection
- ☐ **TOP FRONT RIGHT HAND CORNER - LABELED**
- ☐ **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

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GI EFFECTS 3 DAY COLLECTION INSTRUCTIONS

PATIENT STOOL COLLECTION



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

2200 GI Effects® Comprehensive Profile*

2205 GI Effects® Microbial Ecology Profile*

Add-ons available

- 2130 GI Effects® Campylobacter EIA Assay*
- 2131 GI Effects® Clostridium difficile EIA*
- 2132 GI Effects® Escherichia coli EIA Assay*
- 2133 GI Effects® Helicobacter pylori EIA*
- 2134 GI Effects® Fecal Lactoferrin*



Test may not be processed without this information.

KIT LABEL SHEET



Write on each label

☐ **Patient's Date of Birth**

Attach and label:

- ☐ **ALL TUBES**
- ☐ **Front upper right hand corner of the Test Requisition**

TEST REQUISITION FORM



Please fill out:

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

Specimen

Stool, 6 tubes (filled per instructions), refrigerated

Collection Materials for Stool

ADDITIONAL MATERIALS

- Disposable latex gloves (3)
- Wooden stick
- Kit label sheet

SHIPPING MATERIALS

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

USE LABEL



Orange-top
C & S tube



Green-top
SAF tube (3)



pink-top tube
(10 % Formalin)

USE LABEL



White-top cup



Collection device (3)

VISIT YOUR PATIENT RESOURCE CENTER at www.gdx.net/prc

- Access test results
- Make payments
- Complete health surveys

* Not available in New York



IMPORTANT PREP BEFORE PATIENT TAKES TEST

2-4 WEEKS BEFORE THE TEST:



2 DAYS BEFORE THE TEST:



- ☐ Please **consult** with your physician **before stopping** any medications. Certain medications and/or supplements may impact test results
- ☐ **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**
- ☐ **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

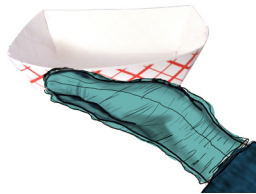
Before collecting your specimen refer to the shipping instructions to determine what day you can ship. Ship only Monday through Friday, and within 24 hours after final collection.

Please read all instructions carefully before beginning.

- 1 IMPORTANT: To ensure accurate test results you MUST provide the requested information on the labels and the requisition. See checklist on back.**

STOOL COLLECTION DAY 1

- 2 Put** on the latex gloves.
- 3 Collect** your stool specimen using the enclosed collection container. **DO NOT contaminate** the specimen with either urine or water from the toilet.
- 4 Record stool consistency** (see chart on back) on the tube labels using a permanent marker and on the Test Requisition Form on the "stool consistency" line.



Consistency of Stool Specimen Chart



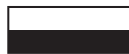
Formed/normal



Hard/constipated



Loose stool



Watery/diarrhea

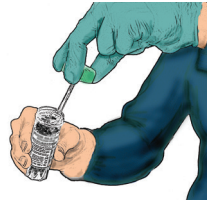
IMPORTANT:



- ☐ Test not recommended for patients under 2 years of age
- ☐ **DO NOT** collect samples when there is active bleeding from hemorrhoids or menstruation
- ☐ **Wait** at least 4 weeks from colonoscopy or barium enema before starting the test
- ☐ 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.

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

- 5 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.**



- 6 Place** in biohazard bag and **refrigerate.**
- 7 Dispose** of the remaining specimen and the collection container appropriately using the black disposable bag.

STOOL COLLECTION DAY 2

- 8 Repeat** STEPS 2 through 7 with second **GREEN-TOP TUBE**



STOOL COLLECTION DAY 3

- 9 Repeat** STEPS 2 through 7 with third **GREEN-TOP TUBE, ORANGE-TOP TUBE, PINK-TOP TUBE,** and the **WHITE-TOP CUP.** Please record this date as the final date of collection on your requisition.

BLENDING SPECIMEN & PRESERVATIVE CANNOT EXCEED RED FILL LINE



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



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

Be sure to **fill out your online patient survey** once you have completed your collection at www.gdx.net/prc.

