

**PATIENT**

Birthname: \_\_\_\_\_

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Date of birth:    \_ \_ /    \_ \_ /    \_ \_ \_ \_

CNS no:    \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

☎ 00/+    \_ \_ \_ \_    \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

For use by the  
laboratory only

**STOOL SAMPLE COLLECTION**

Date:    \_ \_ /    \_ \_ /    \_ \_    Time:    \_ \_ :    \_ \_

**CLINICAL SIGNS**

Please check the boxes as appropriate

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Acute diarrhea         | <input type="checkbox"/> Fever        |
| <input type="checkbox"/> Chronic diarrhea       | <input type="checkbox"/> Anal itching |
| <input type="checkbox"/> Diarrhea with bleeding | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Abdominal pain         |                                       |

Start date of symptoms:    \_ \_ /    \_ \_ /    \_ \_

**BACKGROUND**

Recent overseas travel?     Yes    No

If yes, place: \_\_\_\_\_

Date:    \_ \_ /    \_ \_ /    \_ \_

Same clinical signs in the family?

Yes    No

**TREATMENT**

- |  |                               |
|--|-------------------------------|
| <input type="checkbox"/> Antibiotic    | <input type="checkbox"/> None |
| <input type="checkbox"/> Antiparasitic |                               |

If yes, name: \_\_\_\_\_

Start date:  
\_ \_ /    \_ \_ /    \_ \_

End date:  
\_ \_ /    \_ \_ /    \_ \_

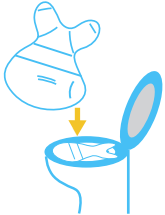
# STOOL SAMPLE COLLECTION: STOOL CULTURE RECOMMENDATIONS



**01.**  
Wash your hands



**02.**  
Urinate **before** starting the collection (the stool must not be in contact with urine)



**03.**  
Stick the stool collection paper on the toilet seat with the stickers and gently press on the paper to create a small hollow



**04.**  
Once the stool is collected, pick up part of it with the spatula (especially mucopurulent or bloody parts, if any). If possible, fill the sample cup up to a third with the stool.



**05.**  
Carefully close the cup



**06.**  
Identify the cup with your **surname, forename, date of birth** and enter **the date and time of collection**



**07.**  
Complete the information overleaf and put the cup and form in the bag and seal it



Finding a centre

**08.**  
Take the bag to one of our centres within the storage time indicated below.

## SAMPLE STORAGE

+4°C



Max 24  
hours

+20°C



Max 8  
hours



Save time,  
**pre-register**