### Enteric Pathogen Patient History Form (LTR41932)

**Patient Full Name** (first and last):

**PHN # or Unique Identifier #**:

**Date of Birth**:

**Physician's Name**:

### SPECIMEN INFORMATION

**Date and Time of Stool Collection**:

**Diarrhea**:

- [ ] Yes
- [ ] No

**If Yes, is stool bloody**:

- [ ] Yes
- [ ] No

Ordering Physician must complete History Sections below.

For outbreak or Public Health investigations use appropriate ProvLab order and/or requisition

### BACTERIAL PATHOGEN REQUESTS

**PLEASE NOTE**

Stool from patients who have recently used Nystatin cream, spermicidal lubricant at high concentrations, or Vagisil at moderate concentrations are not suitable for testing as these substances have been observed to interfere with the BD Max molecular assay. To avoid these contaminating substances, thorough cleaning of the perianal area prior to stool collection is strongly recommended. Avoid stool with barium if extended culture is being requested.

All routine requests for stool culture/enteric bacterial pathogens are screened for Shiga toxin-producing *Escherichia coli* (STEC), *Campylobacter*, *Salmonella* and *Shigella* species.

Testing for additional bacterial pathogens (*Yersina* species, *Vibrio* species, *Aeromonas* species and *Plesiomonas shigelloides*) will **ONLY** be performed if appropriate clinical, exposure or travel history is provided.

**Onset of Symptoms (Date)**:

**Specific Bacterial Pathogen Suspected**:

**Antibiotics**:

- [ ] Yes
- [ ] No

If Yes, specify:

**Clinical/Exposure History (check all that apply)**

- [ ] Persistent diarrhea (>7 days) (Must specify duration)
- [ ] Diarrhea refractory to treatment
- [ ] Severe diarrhea requiring hospitalization
- [ ] Immunocompromised (Specify):
- [ ] Consumption of raw shellfish (Specify):

**Travel History**

- Relevant Travel in the last month:
  - [ ] Yes
  - [ ] No
  (If Yes, **MUST** complete sections below)

- Countries visited
  (For Canada and US include Province/State)

- Dates

### OTHER RELEVANT INFORMATION / DISEASE / CONDITIONS:

Please see next page for Ova and Parasite requests
### PARASITE REQUESTS

**PLEASE NOTE:**

Stool from patients who have used stomach related medicines (e.g. Pepto-Bismol®, Kaopectate®, Metamucil®, mineral oil, castor oil or other laxatives), barium, or enemas within the previous two weeks are not suitable for ova and parasite examination as these substances may compromise results. Certain antibiotics (e.g. sulfonamides, Tetracyclines) can also compromise results. Recommendation is to collect and submit specimens two (2) weeks after discontinuation of use of the above substances or antibiotic treatment.

All routine requests for stool parasites are screened for *Giardia lamblia* and *Cryptosporidium parvum/hominis*. Testing for additional parasites will **ONLY** be performed if appropriate clinical, exposure or travel history is provided.

- Persistent diarrhea  □  > 7 days  □
  *(Must specify duration)*

<table>
<thead>
<tr>
<th>Demographics: check all that apply</th>
<th>Clinical/Exposure History: check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugee / Recent Immigration / International adoption</td>
<td>Consumption of contaminated or untreated water</td>
</tr>
<tr>
<td>Employment (Food Handler, Daycare worker, Health Care worker, Veterinarian clinic)</td>
<td>Suspected worm infection (worms, cestodes, nematodes, trematodes, roundworms, ascaris etc.)</td>
</tr>
<tr>
<td>Work Visa</td>
<td>Suspected parasite other than <em>Giardia</em> or <em>Cryptosporidium</em> species</td>
</tr>
</tbody>
</table>

### Travel History

Travel to, or residence in a country other than Canada or USA

- Yes  □  No  □

If Yes, complete section below

<table>
<thead>
<tr>
<th>Countries Visited</th>
<th>Dates</th>
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<td></td>
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</tbody>
</table>

- Immunocompromised (Specify):

- Contact with a person with known or suspected parasitic infection (Please specify known parasite):

- Consumption of raw/undercooked fish or meat (Please specify):

- Confirmed previous parasitic infection (please provide date and specify parasite):

### OTHER RELEVANT INFORMATION / DISEASE / CONDITIONS:

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*DynaLIFE*

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