Specimen will **not** be tested if label or requisition is missing information.

**Caution:** The SAF solution is **poisonous**; keep out of reach of children. If swallowed, drink lots of milk or water and **immediately** call the Poison Centre at **1-800-332-1414**.

Please follow the instructions below for accurate test results.

<table>
<thead>
<tr>
<th>2 weeks before collection:</th>
<th>Please do not take any laxatives, bismuth, barium sulphate (used in barium enemas), antacids, anti-diarrheal medications, anti-malarial agents or antibiotics.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your physician may order 2 or 3 stool collections.</td>
<td></td>
</tr>
<tr>
<td>If more than 1 stool collection is ordered, please collect stool specimens on <strong>different</strong> days. Try to collect each stool on <strong>alternate</strong> days and complete all stool collections within <strong>10</strong> days. This schedule will provide the most accurate results because some parasites are not in the stool every day.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Before you start the collection:</th>
<th>Please check the expiration date on the container(s). If expired, get new container(s) from the laboratory.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diapers:</td>
<td>Do <strong>not</strong> bring used diapers to the laboratory. For small children with diarrhea, fasten plastic wrap inside the diaper with childproof safety pins. At home, please remove the stool from the plastic using a disposable plastic spoon and put into the collection container.</td>
</tr>
</tbody>
</table>

| Day of collection: | • Complete the Patient History Sheet  
• Write the date and time of collection on the container.  
• Write your full last and first **name and health care number** on the container. Your health care number can be written on the line that says Doctor.  
• Empty bladder (pee) completely. Please do **not** let urine touch the stool (poo) specimen.  
• Collect stool onto a clean, disposable container. For example, a paper plate.  
| Or | Put plastic wrap between the toilet seat and the bowl and collect the stool onto the wrap. Do **not** let water touch the stool. |
- Using the fork/spoon that came with the container, add stool specimen to the container until the liquid is at the fill line. Take from parts of the stool that look bloody, slimy or watery. Please do not overfill and be careful not to spill the liquid. Make sure nothing else gets in the container (i.e. no toilet paper, no plastic wrap).
- Close the container with the lid and shake until the stool specimen and SAF are well mixed. Be careful not to spill the liquid.

- Put the container in the zip lock bag and close the bag.
- Wash your hands with soap and water.
- Put the requisition and patient history sheet in the pouch of the bag.
- Take the specimen, requisition and completed patient history sheet to the laboratory today.
- If needed, repeat on other days. Use a different container for each day.

Specimen(s) may be kept at room temperature or refrigerated until taken to the laboratory.

When finished:

Take each specimen, requisition and completed patient history sheet to the laboratory as soon as possible.

If repeating on other days, please do not wait until all specimens are collected; take each specimen to the laboratory on the same day it was collected.

If your doctor has asked you to provide specimens on multiple days, you can pick up a new container when you take the previous specimen to the laboratory.
Patient History Sheet

Patient name:_________________________ Date of birth:_________________________

Healthcare number:______________________ Gender: □ Male □ Female

Are you a food handler, day care worker or health care professional? □ No □ Yes

Have you ever lived in a country other than Canada? □ No □ Yes
If yes Where:_________________________ When:_________________________

Have you traveled outside Canada and the USA within the last 2 years? □ No □ Yes
If yes Where:_________________________ When:_________________________

Symptoms: Do you have diarrhea? □ No □ Yes
If yes How long have you had diarrhea?_________________________

Have you been diagnosed with a parasite before? □ No □ Yes
If yes Name of parasite_________________________

List of medicines you took on the day(s) you collected your specimens and in the 2 weeks before:
(especially any antibiotics, immune suppressants, stomach related medicines)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is this examination for an Immigration medical? □ No □ Yes