

A - Vial**Fecal Specimen**

For CS8 (A Vial +Swab); For CS1, MB2, MB3, MB4, FG1, FG4, FG5, GP3, GP3x, CAL & HpSA (Use vial A only)

Please schedule sample collection so that you can ship on a Monday or Tuesday to ensure we receive your samples prior to the weekend.

Write your name and date of birth on all vials and on front of form.

Date Collected _____

Restrictions: Avoid the following prior to collection:

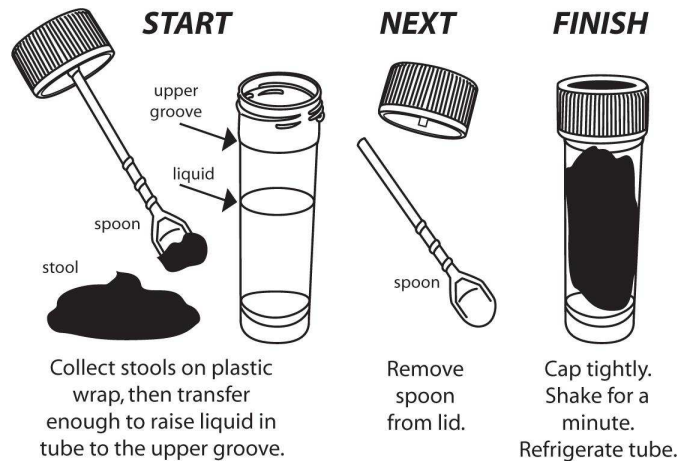
- Bulk laxatives, osmotic or stimulant laxatives, vitamin C, heme iron, rare red meat, and peroxidase containing foods (broccoli, cauliflower, radishes, parsnips, turnips, grapefruit, figs, horseradish, cantaloupe, and kale) for 3 days
- Antacids, bismuth compounds, mineral oil, castor oil, activated charcoal, bentonite clay, enemas, and colonics for 1 week
- Antifungal and antimicrobial medications or herbs for 2 weeks

For stool collection details, refer to diagram below. **Do not overfill. Refrigerate** stool specimen, **DO NOT FREEZE**

Fecal Specimen Collection Diagram. Refer to label on vial and follow matching instructions

Stool Collection Diagram for A & B Tubes

*Avoid urine and water contamination of stool samples.

**Swab****Swab Specimen**

For test CS3/CS8 (Swab + A Vial)

Date Collected _____

Write your name and date of birth on all vials and on front of form.

Swab If you are performing a swab collection as part of CS8, collect both swab and stool samples on the same day and return **both** samples together.

Throat: Carefully guide cotton swab all the way back into throat and swab gently.

Vaginal: Gently insert the cotton swab 2-3 inches and rotate.
Place swab in receptacle according to instructions on swab package.
Follow mailing instructions at the bottom of the page.

Location Swabbed: Throat _____ Vagina _____ Other _____

Date Mailed _____

STORAGE & SHIPPING INSTRUCTIONS FOR ALL SPECIMENS

- ☐ Ship samples on same day as last sample collection (preferred). If not, refrigerate samples; ship within 3 days.
- ☐ Write name, address, date of birth, and collection date on the order form.
- ☐ Write name and date of birth on all vials.
- ☐ Be sure required test orders are marked on the order form. If not, please contact your provider for test orders.
- ☐ Include payment check or credit card information and copy of Medicare Part B card if applicable.
- ☐ Place vials, order form, and payment into kit box.
- ☐ **US Domestic:** Tuck front flap into box and seal with shipping label (included in box). Place label within dashed lines and adhere over front edge of box. Please send from your most convenient shipping location.
- ☐ **International:** delivery charges will apply. Deliveries can be made Monday through Friday via a private courier of your choice.

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