



Stool Test Requisition Form

(GI-Map w/ Zonulin, H. Pylori, Candida, Calprotection)

To view our instructional video visit:
www.VitalleoHealth.com/test-collection
support@vitalleohealth.com

DSL # 7727

Patient Information (Please Print Clearly)

First Name: _____

D.O.B: ____/____/____

Last Name: _____

Age: _____

Email: _____

Gender: ☐ M ☐ F

Phone: (____) ____-____

Height: ____ ft ____ inches

Address: _____

Weight: ____ lbs

City: _____

Waist: ____ inches

State: _____ Zip Code: _____

Medication Use (Please include any birth control methods)

	Medication Type	Brand	Delivery	Dosage	Last Used	Times Per Day	How Long Used
Example	Testosterone	XYZ Cream	Topical	20 mg	mm/dd/yyyy	1	1.5 yrs

Please provide other medications on a separate sheet if necessary. Include all supplements as well.

Current Menstrual Status (Women Only)

First day of last Menstrual cycle: ____/____/____

Hysterectomy?

☐ No ☐ Yes | If yes, year? ____

Length of Cycle: ____ days

Ovaries Removed?

☐ No ☐ Yes | If yes, year? ____

Please choose the option that best describes your cycles:

Currently Pregnant?

☐ No ☐ Yes | # of weeks ____

☐ Regular Cycles ☐ Irregular Cycles ☐ No Cycles

Currently on Birth Control?

☐ No ☐ Yes

Sample Collection Date & Time (Required for Sample Processing) SAMPLE MUST BE MAILED WITHIN 24 HRS.

Stool Sample Collection Collection Vial

Date: ____/____/____

Collection Time: ____:____ ☐ am ☐ pm

Physician Information (Please print administering physician and NPI #)

Physician Name: _____

NPI #: _____

Patient Signature

My signature indicates my request, authorization and/or consent for laboratory testing. I understand that test results are strictly informational. The Lab's review of my test requests and results does not represent diagnosis or treatment. I am responsible for contacting my personal health care provider for follow-up and interpretation of my test results.

For Laboratory Use Only

DSL # 7727

x _____
Patient / Guardian / Guardian Relationship Signature

Items Included in Your Collection Kit

STOOL COLLECTION

- 1 – Test Requisition Form
- 1 – Collection Tray
- 1 – Specimen Vial
- 2 – Gloves
- 1 – Zip Closure Specimen Bag
- 1 – Absorbent Pad
- 1 – Prepaid return envelope

** Avoid contact with skin and eyes to the specimen vial fluid. If you do get fluid in your eyes, flush eyes with water for 15 minutes. If your skin comes in contact with vial fluid, wash with soap and water. If ingested, please contact a physician.*

STOOL COLLECTION INSTRUCTIONS

FOLLOW INSTRUCTIONS CAREFULLY – IMPROPER COLLECTION MAY INVALIDATE RESULTS

1



* No ID Number — Use space for Date of Birth

NOTE: Please review all instructions and collection kit components before starting your sample collection. **DO NOT** discontinue taking prescription medications unless directed by your physician.

Write your Name, Date of Birth (*on ID Number line*), and Collection Date on the Specimen Vial.

4



A) Carefully mix stool and fluid with the spoon attached to the cap.

B) Replace cap tightly and shake vial vigorously for 30 seconds.

2



If possible, void urine prior to collecting stool to avoid mixing it with your stool sample.

Put gloves on and pass stool into provided Collection Tray.

5



A) Fill out the Test Request Form completely and place form into the document holder of the Specimen Bag.

NOTE: Be sure to write the date of sample collection and sign the form.



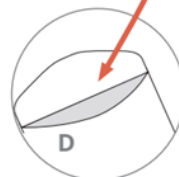
B) Place capped Specimen Vial containing the collected stool sample into the Specimen Bag along with Absorbent Pad and seal the bag.



C) Place the Specimen Bag with the collected sample and Test Requisition Form in the Kit Box.

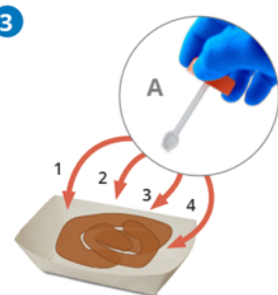
D) Ship completed Kit Box directly to the lab using the pre-paid return envelope.

See shipping instructions below.**



**** Sample must be received within 6 days of collection.** If you cannot ship the specimen on the day of collection, please refrigerate and ship as soon as possible, preferably within 3 days.

3



DO NOT DISCARD THE PINK LIQUID IN THE SPECIMEN VIAL.

A) Using the spoon attached to the cap of the Specimen Vial, spoon stool from multiple areas of the sample into the vial.*

** Collect from at least 4 areas going left to right.*

B) Fill Specimen Vial to the red "Fill Line" indicated on label.

Failure to add sufficient sample may result in the laboratory not being able to process the sample.

