

Patient Instructions

Includes the following:

Fasting

Glucose Tolerance Test

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PATIENT INSTRUCTIONS FOR FASTING

1. Your doctor has requested laboratory tests, which require you to fast.
2. Fasting means that you are not to eat or drink anything for at least 8 hrs, but preferably not for 10-12 hrs.
3. No coffee, tea, gum or smoking is permitted.
4. You may have **water** only as necessary
5. The ideal time to have this testing done is first thing in the morning.
6. Please check with your doctor about any medication you are taking while fasting.
7. If you have any other concerns, please contact your doctor, or the laboratory where the testing is to be done.

PATIENT INSTRUCTIONS FOR GLUCOSE TOLERANCE TEST

1. Your physician has scheduled you for a Glucose Tolerance Test. This is a screening tool used to assess the possibility of your being diabetic.
2. The test itself takes from 1-5 hrs depending on the particular Glucose Tolerance test ordered.
3. You must be fasting, when the test is performed.
4. Do not eat or drink anything 10-12 hours before your appointment.
5. No coffee, tea, gum, or smoking is permitted.
6. You may drink water, only as necessary.
7. First, a sample of blood will be collected prior to drinking a solution of glucose (sugar).
8. After drinking the glucose solution, additional blood samples will be taken in periodic intervals depending on the type of Glucose Tolerance test your physician has ordered.
9. Please stay in the laboratory area during the test. Some patients may experience dizziness during the test, and may require medical assistance from our staff.
10. Do not eat, drink, or smoke during the test. You may drink water and remain at rest.
11. If you have any questions, please contact the laboratory for clarification.

PATIENT INSTRUCTIONS FOR COLLECTION OF PINWORM SAMPLES**A. Collection using Starplex® Sterile Pinworm Paddle**

1. Remove cap. A clear plastic paddle is attached. One side of the paddle is marked “sticky side”. It is coated with a non-toxic, sterilized, mildly adhesive material. **Do not touch this surface with the fingers**
2. Press the sticky surface against the perianal (around anus) skin with moderate pressure. The ideal time for this procedure is, early in the morning before arising, urination, defecation, and bathing.
3. Print the patient’s name and other information requested on the container label.
4. Deliver the container to the laboratory.

B. Collection using Sterile Swab

1. Remove swab from tube. **Do not touch the swab with the fingers.**
2. Gently rub the swab over the perianal (around skin), and then insert about ¼ inch into the anal canal. The ideal time for this procedure is, early in the morning before arising, urination, defecation, and bathing.
3. Replace swab in tube.
4. Print the patient’s name on the tube.
5. The ideal time for this procedure is, early in the morning before arising, urination, defecation, and bathing.
6. Deliver the container to the laboratory.

PATIENT INSTRUCTIONS FOR COLLECTING TIMED/24hr URINES

A diagnostic test has been ordered to determine specific factors from the urine. For the test to be accurate, your urine must be saved for 24 hours. Drink normal amounts of liquids during the urine collection. On the day of the test:

1. Empty bladder when you first get up in the morning. **DISCARD** this Urine. Record the time on the container.
2. From that time, save all urine up to and including the first morning specimen at the end of the 24 hours (or other designated time period). During collection and until the specimen is brought to the laboratory, the urine should be refrigerated or kept on ice (in a bucket).
3. Record on the urine container, the time the last part of the specimen was collected.
4. Be careful not to deposit toilet tissue in the specimen or allow it to become contaminated with fecal material.
5. If the container has a preservative, (orange sticker or written), handle the container with caution. Specific instructions are available on the yellow label, and/or by calling the laboratory.
6. Bring the container with the urine to the laboratory as soon as possible. As a part of some tests, a blood sample must also be collected. Check with the laboratory to verify that a sample is not needed.
7. After hours please call 317-491-6000.

PATIENT INSTRUCTIONS FOR RANDOM CLEAN CATCH MID STREAM URINE**Female Collection**

1. Wash hands thoroughly with soap and water. Dry with paper towel
2. With one hand, spread genital skin folds apart.
3. Using antiseptic skin towelette, wash vulva, wiping from front to back
4. Discard towelette
5. Repeat, wiping from front to back.
6. Void first portion of urine into toilet.
7. Void midstream portion into sterile container. Do not touch the inside of the container.
8. Stop collection when container is about half full, complete void into the toilet.
9. Screw cap on container.
10. Wash hands
11. Give sample to lab personnel.

Male Collection

1. Wash hands thoroughly with soap and water. Dry with paper towel.
2. Pull back foreskin, if uncircumcised and cleanse glans penis with antiseptic skin towelette.
3. Void first portion of urine into the toilet and then void the midstream portion into the urine container. Do not touch the inside of the container.
4. Stop collection when container is about half full, complete void into the toilet
5. Screw cap on container
6. Wash hands.
7. Give sample to lab personnel.

PATIENT INSTRUCTIONS FOR COLLECTION OF STOOL SPECIMENS

A diagnostic test has been ordered to determine if specific organisms are present in your stool. For the test to be accurate, your stool must be collected in the following manner. Directions must be read carefully, and followed exactly. Return containers to the lab within 24 hrs. Please check with the laboratory prior to collection for operating hours.

1. Listed below are agents, which can interfere with the test, if you took any of these 7-10 days before this stool collection. Please consult your doctor.

- | | |
|--------------|---|
| a. Barium | e. Magnesium or bismuth compounds |
| b. Antacids | f. Antidiarrheal medicine |
| c. Enemas | g. Antibiotics (2-3 week wait is optimal) |
| d. Laxatives | |

2. Collection for Egg and Parasites (E+P) and Stool Culture

ATTENTION: SOLUTIONS ARE POISONOUS; DO NOT DRINK

a. Your collection kit contains three (3) containers:

- A **pink lid** plastic container with 10 % formalin preservative (for E+P Screen and E+P Complete)
- A **gray lid** plastic container with PVA-fixative solution (for E+P Complete)
- An **orange lid** plastic container with Cary Blair preservative solution (for Stool Culture)

*Note: the PVA fixative and 10% Formalin are **Poisonous if taken internally.***

- b. The stool should be passed into a clean dry container (such as a urine cup or margarine container), and transferred into the 3 separate containers. **Do not pass urine into the same collection container.** Collect only one day. More than one bowel movement can be used during the one day of collection, to get enough stool for all the containers.
- c. Fill the pink, gray, and orange lid containers with stool to bring the liquid level up to the "Fill to Here" line.
- d. Tighten lids. Mash or emulsify the stool in the container with the paddle. Mix well by shaking containers. **Keep at Room Temperature**
- e. Label all containers with the patient's name, birth date, date and time of collection. Return containers to the lab within 24 hrs. Please check with the laboratory prior to collection for operating hours.

3. Collection for C. difficile PCR test

- a. Transfer a minimum of 1 ml. of liquid or soft stool into the empty, clean container such as a urine cup or a margarine container. (Formed or solid stool is not acceptable for this test.)
- b. Label the container with the patient's name, birth date, date and time of collection.
- c. Refrigerate and return the filled container to the lab as soon as possible.

4. Infant Stool Collection

- a. Line the diaper with plastic before putting on. Scrape the stool off the plastic and put in the required container(s)
- b. Stool scraped directly from the diaper is not a good sample.

5. **Please contact the laboratory at 317-491-6000 if you have any questions.**

PATIENT INSTRUCTIONS FOR COLORECTAL CANCER SCREENING (FIT)

Collect stool sample using the sample deposit and sample collection instructions below. Next follow instructions for completing the requisition and submitting your sample for testing.

Sample Deposit:

- 1) Pull yellow tab to roll out the label on sample collection tube.
- 2) Print your **name, date of birth(DOB) and date/time sample is collected** on the label of the sample collection tube.
- 3) Lift toilet seat and position collection paper across rim of toilet bowl.
- 4) Secure adhesive tabs to the sides of toilet rim. Lower toilet seat.
- 5) Deposit stool sample on top of collection paper.

Sample Collection:

- 1) Unscrew purple cap of labeled collection tube – do not pour out liquid.
- 2) Poke spiral applicator into stool at 6 different sites.
- 3) Use only enough fecal material to cover tip of applicator. Do not clump, scoop or fill tube.
- 4) Screw the applicator back into the tube and secure tightly.
- 5) Stool and collection paper can now be flushed.

Requisition Form Completion:

- 1) Fill out all of your patient information at the top of the form.
- 2) Please provide date and time of stool sample collection. **This is very important.**
- 3) Make sure to provide all of your insurance copy information and include a copy of your insurance card if possible.

Submitting Sample(s) for Testing:

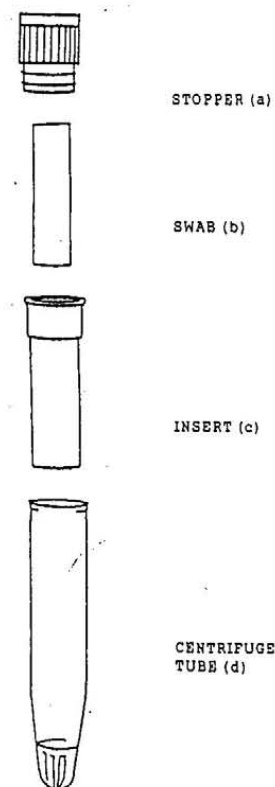
- 1) Remove plastic bag with absorbent paper from box.
- 2) Insert sample collection tube into plastic bag. Seal bag.
- 3) Insert plastic bag with sample collection tube into mailing box.
- 4) Fold and place the completed requisition form and copy of insurance card in mailing box.
- 5) Peel tape from mailing box and fold flap at prefold line. Press firmly to seal.
- 6) Place box in US mail within 3 days of collection. Postage is paid.

PATIENT INSTRUCTIONS FOR SPUTUM COLLECTION

1. Collect sputum specimen first thing in the morning.
2. Rinse your mouth with water, and spit the water into a sink.
3. Take three deep breaths, inhaling deeply, until there is a “tickling” feeling at the end of the breath.
4. Cough deeply.
5. Spit the sputum into a sterile container provided by the lab.
6. Be careful not to touch the specimen with your lips or fingers.
7. Remember that saliva and nasal discharge are not sputum.
8. If you cannot bring the sample to the lab immediately, store it in the refrigerator.

Procedure for Collecting Salivary Cortisols

1. Obtain saliva collection device from Client Services at **317-491-6000**.
2. Make **sure that the collection device is** labeled with name, date and time of collection, and requisition is attached with the following information.
 - ✓ Patient's complete name
 - ✓ Date of Birth
 - ✓ Race
 - ✓ Patient's address
 - ✓ Patient's phone number
 - ✓ Sex
 - ✓ Physician Name
 - ✓ Authorized Contact (Emergency contact name)
 - ✓ Diagnosis or ICD-9 Code
 - ✓ Insurance information – A copy of patient's insurance card(s) (front and back) must be attached.
 - Company Name
 - Insurance ID or Policy Number
 - Group Number/Name
 - Insurance Co. address
 - City, State, Zip
 - Policy holder name (Last, First, MI)
 - Relationship to patient
3. **When to Collect:** Unless otherwise instructed by your physician, collect two sample(s). Collect one around **11:00 PM – 12:00 Midnight** and then another sample in the morning around **7:00 AM – 9:00 AM**. Follow the instructions below for collecting the samples.
4. **Specimen Collection:**
 1. Do not brush teeth before collecting specimen.
 2. Do not eat or drink for 15 minutes prior to specimen collection.
 3. Collect specimen between 11 p.m. and midnight, and **record collection time(s)**. If collecting two samples, collect second one between 7:00 AM–9:00 AM
 4. To use the Salivette:
 - a. Remove top cap of container to expose swab.
 - b. Place swab directly into mouth by tipping container so swab falls into mouth. Do not touch swab with fingers.
 - c. Keep swab in mouth for approximately 2 minutes. Roll swab in mouth, do not chew swab.
 - d. Place swab back into its container without touching, and replace the cap.
 5. **Record collection time(s)**, and label Salivette appropriately
5. **Submission Instructions:**
 - a. Place completed requisition into outside pouch of plastic specimen bag.
 - b. Place collected Salivette specimens into specimen bag and seal.
 - c. **Store specimen bag with collected Salivette specimen in the freezer**
 - d. **Take the specimen bag with Salivette to any IU Health hospital lab or patient service center lab as soon as you can after collection is completed and keep sample cold while transporting. (Or your doctor may instruct you to return the Salivette to his or her Office.) Do Not send in mail.**
6. **Turn Around Time:** Test is performed by Mayo Medical Lab on M, W, F



Saliva Collection Device