Items Included in Your Collection Kit

STOOL COLLECTION

- 1 – Kit Box
- 1 – Test Request Form (TRF)
- 1 – Collection Tray
- 1 – Specimen Vial*
- 2 – Gloves
- 1 – Zip Closure Specimen Bag
- 1 – Absorbent Pad
- 1 – FedEx Clinical Pak Mailer
- 1 – Shipping Label

If you are missing any of the needed components or have questions about the collection, please call Diagnostic Solutions Laboratory Customer Service Department at 877-485-5336.

** 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.*

The assays in the GI-MAP were developed, and/or the performance characteristics determined, by Diagnostic Solutions Laboratory.

GI-MAP®

GI Microbial Assay Plus

IMPORTANT: Stool sample must be received within 10 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.

SHIPPING INSTRUCTIONS

Call FedEx® at 1-800-463-3339 to Schedule Your Free Pickup

1. When the automated greeting begins say, *"Schedule a pickup."*
2. Advise Customer Service this is a **RETURN SHIPMENT** and provide them with the **RETURN TRACKING NUMBER** which can be found on your return label.
3. The Kit Box can also be dropped off at a FedEx Office or FedEx Drop Box.
4. Mark the box on the FedEx Clinical Pak Mailer stating: 'Exempt Human Specimen'.

RESULTS YOU CAN RELY ON

www.DiagnosticSolutionsLab.com | RESEARCH. TECHNOLOGY. RESULTS.

Diagnostic Solutions laboratory

DNA STOOL ANALYSIS by qPCR

STOOL COLLECTION INSTRUCTIONS

– FOLLOW INSTRUCTIONS CAREFULLY –
IMPROPER COLLECTION MAY INVALIDATE RESULTS

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.

Additional instructions for filling out the Test Request Form can be found at:
www.diagnosticsolutionslab.com/test-request-form-overview

1

Write the Patient Name, Date of Birth, and Collection Date on the Specimen Vial label.*

** Actual label may vary from image.*

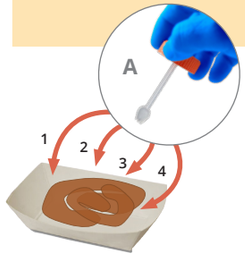
If possible, void urine prior to collecting stool to avoid mixing it with your stool sample.

2

IMPORTANT: Put gloves* on and pass stool into the Collection Tray.

** Wear gloves while collecting the sample.*

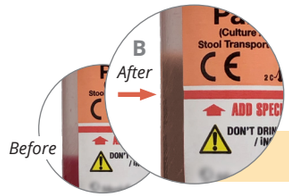
3



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 of sample.*



B) FILL SPECIMEN VIAL TO ABOVE THE RED FILL LINE INDICATED ON LABEL.

Don't overfill. The cap should close without spillover.

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

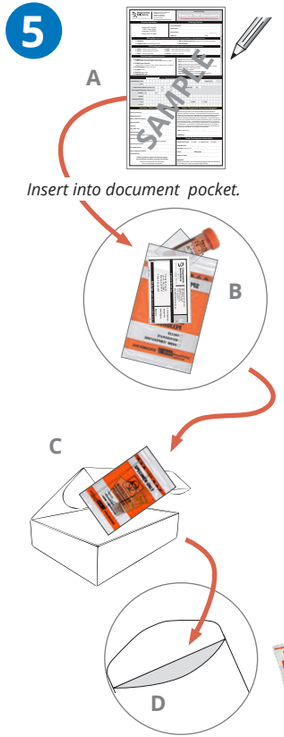
4

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

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

NOTE: If spillover occurs, rinse the outside of the vial (with water only) after sealing.

5



A) Fill out the Test Request Form completely and place into the document pocket of the specimen bag.

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

Incomplete information in the patient section will result in delayed testing.

Payment type must be completed and payment included to process sample.

B) Place the collected Specimen Vial into the specimen bag and seal the bag.

C) Place the Specimen Bag with the collected sample and Test Request Form into the Kit Box.

D) Ship the completed Kit Box back to Diagnostic Solutions Laboratory using the provided Clinical Pak mailer.

NOTE: Please ensure that the shipping label is placed on the designated area, which is clearly marked on the middle of the Clinical Pak.

See important shipping requirements and instructions on the following page.