

OVA AND PARASITES X 3 (O & P x 3)

COLLECTION & SHIPPING INSTRUCTIONS

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CAREFULLY READ COLLECTION AND SHIPPING INSTRUCTIONS THOROUGHLY BEFORE STARTING.

PLEASE NOTE: When shipping the specimens back to the lab, send Monday through Thursday Only. **DO NOT SHIP ON FRIDAYS AS DELIVERIES ARE NOT ACCEPTED ON SATURDAY OR SUNDAY.**

OBSERVED HOLIDAYS ARE AS FOLLOWS: NEW YEARS DAY, MEMORIAL DAY, FOURTH OF JULY, LABOR DAY, THANKSGIVING DAY AND THE DAY AFTER, AND CHRISTMAS DAY.

DO NOT SEND SAMPLE(S) THE DAY PRIOR TO OR THE DAY OF A HOLIDAY.

COLLECTION INSTRUCTIONS

THE PATIENT WILL COLLECT THREE SEPARATE STOOL SAMPLES FROM THREE SEPERATE BOWEL MOVEMENTS ON THREE SEPARATE DAYS.

INTERFERING SUBSTANCES

A few substances will interfere with the analysis of the test. Their use needs to be discontinued prior to beginning the collection, and for the duration of the test.

PLEASE FINISH THE COURSE OF MEDICATION AND THEN WAIT 3 DAYS PRIOR TO BEGINNING THE COLLECTION

- Antifungal Medications
- Anti-yeast Medications
- Antibiotics

FOR 2 DAYS PRIOR TO BEGINNING AND DURING THE COLLECTION DISCONTINUE THE USE OF THE FOLLOWING *UNLESS OTHERWISE DIRECTED BY YOUR PRACTITIONER*

- Aspirin
- Antacids
- Digestive Enzymes

COLLECTION OF THE FIRST STOOL SAMPLE

1. Place Nun's Hat under toilet seat. Collect stool in collection container.

IMPORTANT: DO NOT LET URINE OR WATER COME INTO CONTACT WITH THE

STOOL SPECIMEN. Alternatively, any clean, plastic container can be used to collect the stool specimen.

2. Remove a yellow vial from the cardboard box.
3. Unscrew the cap on the yellow vial, with the spoon take portions from multiple areas of the stool. Fill the yellow vial with enough stool to raise the liquid to the RED FILL LINE, approximately half full. DO NOT OVERFILL. Screw the cap on tightly.
4. Shake the yellow capped vial vigorously for approximately 30 seconds to mix the stool specimen with the preservative in the vial.
5. Write Patient Name and Date of Collection on the vial. You do not have an ID#, the lab will assign one upon arrival.
6. Place the yellow capped vial in a biohazard bag, then place the bag in the shipping box. Leave the box at room temperature.

COLLECTION OF THE SECOND STOOL SAMPLE

7. Collect stool in collection container. DO NOT LET URINE OR WATER COME INTO CONTACT WITH THE STOOL SPECIMEN.
8. Remove a yellow vial from the cardboard box.
9. Unscrew the cap on the yellow vial, with the spoon take portions from multiple areas of the stool. Fill the yellow vial with enough stool to raise the liquid to the RED FILL LINE, approximately half full. DO NOT OVERFILL. Screw the cap on tightly.
10. Shake the yellow capped vial vigorously for approximately 30 seconds to mix the stool specimen with the preservative in the vial.
11. Write Patient Name and Date of Collection on the vial.
12. Place the yellow capped vial in a biohazard bag, then place the bag in the shipping box. Leave the box at room temperature.

COLLECTION OF THE THIRD STOOL SAMPLE

13. Collect stool in collection container. DO NOT LET URINE OR WATER COME INTO CONTACT WITH THE STOOL SPECIMEN.
14. Remove a yellow vial from the cardboard box.
15. Unscrew the cap on the yellow vial, with the spoon take portions from multiple areas of the stool. Fill the yellow vial with enough stool to raise the liquid to the RED FILL LINE, approximately half full. DO NOT OVERFILL. Screw the cap on tightly.
16. Shake the yellow capped vial vigorously for approximately 30 seconds to mix the stool specimen with the preservative in the vial.
17. Write Patient Name and Date of Collection on the vial.
18. Place the yellow capped vial in a biohazard bag, then place the bag in the shipping box. Leave the box at room temperature.

19. Complete the enclosed requisition; include payment (if required). Place the requisition in the outside pocket of a biohazard bag.

SHIPPING INSTRUCTIONS

1. Place the cardboard shipping box into the UPS next day air pack and seal securely.
2. Place return shipping label with barcode on outside UPS next day air bag.
3. Save return receipt with the tracking number for your records.
4. Call UPS toll free at **1-800-742-5877** for a pickup or for nearest drop location. UPS will pick up only on weekdays.
5. When calling for UPS pickup, request "ON CALL AIR" only. **DO NOT request a one-time pickup.** Meridian Valley pays for "ON CALL AIR" only. UPS expects the patient to pay for a one-time pickup.
6. **NOTE: DELIVERIES ARE NOT ACCEPTED ON SATURDAY OR SUNDAY**