



Meridian  
Valley LAB

***GI Effects/Microbial  
Ecology/Mycology/Parasitology***  
COLLECTION & SHIPPING INSTRUCTIONS

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| 1 - White nucleic acid vial | 1 - UPS Next Day Air Pack (US & Canada only)       |
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| 3 - Wooden sticks           |  |
| 1 - pair disposable gloves  |  |

**CAREFULLY READ COLLECTION AND SHIPPING INSTRUCTIONS THOROUGHLY BEFORE STARTING.**

**PLEASE NOTE:** When shipping the specimens back to the lab, send Monday through Wednesday Only. **DO NOT SHIP ON THURSDAY OR 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.**

**\*\*CHECK EXPIRATION DATE ON ALL VIALS BEFORE DOING THE COLLECTION. EXPIRED VIALS WILL BE REJECTED AND WILL NEED TO BE RECOLLECTED.**

**PATIENT PREPARATION**

Freeze the Styrofoam lid with the ice pack until ready for use or overnight.

**TWO DAYS PRIOR AND THE DAY OF THE TEST** refrain from taking digestive enzymes, antacids, and aspirin, unless otherwise instructed by your healthcare provider.

**WAIT THREE DAYS BEFORE BEGINNING COLLECTION** after finishing taking antifungal or antibiotic medications

Please call **206.209.4200** with questions or Toll Free **855.405.8378**  
Monday through Friday 6:00 am – 7:00 pm PST

6839 Fort Dent Way, Ste 206  
Tukwila, WA 98188  
Fax: 206.209.4211

[www.meridianvalleylab.com](http://www.meridianvalleylab.com) [info@meridianvalleylab.com](mailto:info@meridianvalleylab.com)

**NEVER DISCONTINUE PRESCRIPTION MEDICATION** without consulting your healthcare provider first.

YOU MAY START THE 3 DAY COLLECTION **SATURDAY THROUGH MONDAY.**

**Caution: Fluid in Vials.** Avoid contact with the skin and eyes. For eye contact, flush with water thoroughly for 15 minutes. For skin contact, wash thoroughly with soap and water. Do not remove fluid, it is required for testing.

## **COLLECTION INSTRUCTIONS**

1. **Write** patient's **first and last name, date of birth, gender and date of collection** on the test requisition form as well as all 6 tubes and the cup, using a permanent marker on the vials.
2. **IMPORTANT:** to ensure accurate test results you **MUST** provide the requested information.
3. Place Nun's Hat under toilet seat toward the back of the toilet. Alternatively, any clean, plastic container can be used to collect the stool specimen.
4. Put on the disposable gloves.
5. Collect stool in the Nun's Hat while passing urine into the toilet. **IMPORTANT: Do NOT LET URINE OR WATER FROM THE TOILET BOWL COME INTO CONTACT WITH THE STOOL SPECIMEN.**
6. Remove the top from a green top vial and using the attached spoon, transfer stool into the vial. **Take multiple portions** from different areas of the stool sample. **Fill** vials with enough stool **to** raise the liquid to the **RED FILL LINE (arrow)**.
7. **IMPORTANT: Do NOT OVER FILL THE VIALS.** Once the stool is in the vial, mash it with the scoop until it is mixed thoroughly with the liquid and is smooth. Cap tightly and shake well for 30 seconds.
8. Place into a biohazard bag and seal. **Refrigerate** the vial until ready to ship.
9. **Dispose** of the remaining specimen and clean the Nun's Hat.

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## DAY TWO

10. Repeat steps 3-9 with green top vial.

## DAY THREE

11. Repeat steps 3-7 with green top vial

12. Repeat steps 6-7 with orange top vial

13. Repeat steps 6-7 with pink top vial

14. Repeat steps 6-7 with white top vial

15. Remove the cap from the white top cup. **Find** and **mark** the 40-mL line. Using the flat wooden stick provided, pick up several portions of stool from different areas.

**Add** sufficient **stool** sample to **reach the 40-mL** line. Using the wooden stick, mix stool in the cup. **Recap** the container and check to ensure it is securely fastened.

**DO NOT OVERFILL.**

16. **Place** into a biohazard bag and seal. **Refrigerate all vials and the cup until ready to ship specimens.**

17. Dispose of the remaining specimen and the collection container.

18. Indicate on the vials and the requisition if the sample consistency. Hard, Normal, Loose or Watery.

19. Complete the enclosed requisition; include payment (if required).

## SHIPPING INSTRUCTIONS

1. Ensure the biohazard bags are securely sealed.

2. Place the **requisition in the outside pocket** of the biohazard bag. This **will go into the box.**

3. Retrieve the Styrofoam lid from the freezer.

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4. Put the biohazard bags into the Styrofoam container, replace the lid.
5. Secure the shipping box by locking the tabs in place.
6. Place the shipping box in the UPS next day air pack and seal securely.
7. Place return shipping label with barcode on outside UPS next day air bag.
8. Save return receipt with the tracking number for your records.
9. Call UPS toll free at **1-800-742-5877** for a pickup or for nearest drop location. UPS will pick up only on weekdays.
10. 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.

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