COLLECTING STOOL SAMPLES

Instructions for parents of children attending child care:

2 - Patient Information	
Health Card No.:	Sex: ◯ Male ◯ Female
Date of Birth (yyyy/mm/dd):	Medical Record No.:
Last Name per health card:	First Name per health card:
Address:	
Postal Code:	Phone Number:

1. Get a stool collection kit with 2 bottles (white and green lids) and "General Test Requisition" form from the child care centre.

2. Before collecting the stool (poop) sample, write your child's full name, date of birth, and date the samples were collected on the labels of BOTH bottles.

3. On the "General Test Requisition" form, fill out your child's information under "Patient Information" (see highlighted sections). Put the form in the front pocket of the bag provided.

4. Collect the stool sample from their diaper, a clean container (e.g. "potty") or, place a sheet of plastic wrap over the toilet bowl, leaving a slight dip in the centre to allow the stool to collect in the plastic wrap.

5. Unscrew the lid from each bottle. Place a stool sample into the white lidded bottle first, and then the green bottle. Using the spoon provided, collect any bloody or slimy/white (mucous) parts of the stool (if present) into the bottles. Do not overfill. In the green-lidded bottle, (that contains liquid), add stool until the liquid reaches the "FILL LINE". Mix the stool with the liquid.

6. Screw lids back onto the bottles, and place all bottles into the provided bag. Seal the bag.

7. **Wash hands with soap and water.**

8. Drop off the bag containing the samples **and** the filled out form to any location of the following laboratories as soon as possible:
   a. Medical Laboratories of Windsor www.medlabsofwindsor.com
   b. LifeLabs – www.lifelabs.com
   c. Dynacare – www.dynacare.ca

Note: If you are unable to bring the sample to the lab immediately, refrigerate the bagged samples up to 24 hrs. Do not freeze.

Updated June 24, 2022

Public Health Ontario | Santé publique Ontario

General Test Requisition

For laboratory use only
Date received (yyyy/mm/dd): PHOL No.:

ALL Sections of this form must be completed at every visit

1- Submitter

Courier Code
Name: Dr Shanker Nesathurai - Windsor Essex County HU
Address: 1005 Ouellette Ave.,
City & Province: Windsor, ON
Postal Code: N9A 4J8

Clinician initial/Surname and OHIP/CPSO No.: 121285-31 / 62259
Telephone: (519) 258-2146 Fax: (226) 783-2132

cc Doctor / Qualified Health Care Provider Information
Name: Tel:
Lab / Clinic Name: Fax:
CPSO No.:
Address: Postal Code:

2 - Patient Information

Health Card No.: Sex: ◯ Male ◯ Female
Date of Birth (yyyy/mm/dd): Medical Record No.:
Last Name per health card: First Name per health card:
Address:
Postal Code: Phone Number:
Submitter Lab No.:
Public Health Unit Outbreak No.:

Public Health Investigator Information
Name:
Health Unit:
Tel: Fax:

3 - Test(s) Requested (Please see descriptions on reverse)

Enter test description below:
Stool for Bacteria and Virus Testing

Hepatitis Serology
Reason for test (Check only one box):
☐ Immune Status ☐ Acute Infection ☐ Chronic Infection
Indicate specific viruses (Check all that apply):
☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C*
*Testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available.

4 - Specimen Type and Site

☐ Blood / Serum ☑ Faeces ☐ Nasopharyngeal
☐ Sputum ☐ Urine ☐ Vaginal Smear
☐ Urethral ☐ Cervix ☐ BAL
☐ Other (Specify):

Patient Setting
☐ Physician Office / Clinic ☐ Inpatient (ICU)
☐ Inpatient (Ward) ☑ Institution
☐ ER (Not Admitted)

5 - Reason for Test

☑ Diagnostic ☐ Post-mortem Date Collected (yyyy/mm/dd):
☐ Needle Stick ☐ Immune Status
☐ Prenatal ☐ Follow-up Onset Date (yyyy/mm/dd):
☐ Immunocompromised ☐ Chronic Condition
☐ Other (Specify):

Clinical Information
☐ Fever ☑ Gastroenteritis ☐ Vesicular Rash
☐ STI ☐ Headache / Stiff Neck ☐ Maculopapular Rash
☐ Pregnant ☐ Encephalitis / Meningitis
☐ Jaundice ☐ Respiratory Symptoms
☐ Other (Specify):
☐ Influenza High Risk (Specify):
☐ Recent Travel (Specify Location):

For HIV, please use the HIV serology form. - For referred cultures, please use the reference bacteriology form. To re-order this test requisition contact your local Public Health Laboratory and ask for form number F-SD-SCG-1000. Current version of Public Health Laboratory requisitions are available at www.publichealthontario.ca/requisitions.

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.
F-SD-SCG-1000 (05/04)

Ontario