

STOOL BLOOD TEST RECOMMENDATIONS

Birthname: _____

Surname: _____

Forename: _____

Date of birth: / /

CNS no:

E-mail: _____@_____

00/+

For use by the
laboratory only

Sample collection

Date: / / 20__

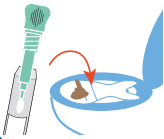
Time: :



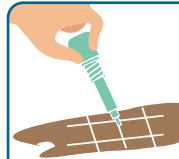
01.
Urinate **before** starting the collection (the stool must not be in contact with urine)



02.
Stick the stool sample collection paper on the toilet seat with the stickers



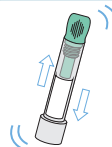
03.
Once the stool is collected, turn the green cap to open the tube



04.
Cross hatch the surface of the stool in several locations with the green stick



05.
The striped part of the stick must be covered with stool



06.
Close the tube carefully and shake it vigorously



07.
Write **your surname and forename** on the tube and complete the form. Put the tube and form in the bag and seal it



Finding a centre

08.
Take the bag to one of our centres within the storage time indicated below

SAMPLE STORAGE



+20°C
Max
6 days



+4°C
Max
24 hours



Save time,
pre-register