

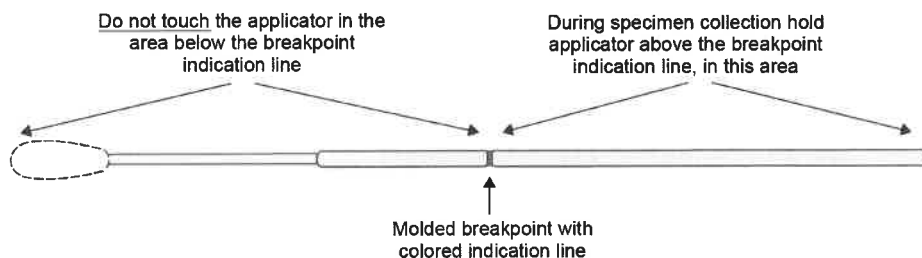
For Stool Specimen Collection:

1. Have the patient obtain stool specimen. Stool specimen should not contain urine or water (23). Patient should pass the stool into a clean, dry pan or a special container mounted on the toilet for this purpose. **Note:** Toilet paper is not suitable to collect stool because it may be impregnated with barium salts, which are inhibitory to some fecal pathogens (18,23).
2. Peel open the kit package and remove the tube of medium and the flocked swab applicator (see Figure 1.b).
3. The operator must touch the swab applicator only above the marked breakpoint line (the area from the line to the end of the swab shaft), as illustrated in Figure 2, which is the opposite end to the nylon fiber tip. At all times when handling the swab applicator, the operator must not touch the area below the marked breakpoint line (the area from the line to the tip of the nylon flocked swab) as this will lead to contamination of the applicator shaft and the subsequent culture thus invalidating the test results.
4. Collect a small amount of stool by inserting all the tip of the flocked swab into stool sample and rotate it (18). Bloody, slimy or watery area of stools should be selected and sampled (16, 19, 20, 21).
5. After collection examine the swab to make sure there is fecal material visible on the tip (16). In case it is not, insert again the flocked swab into stool sample and rotate taking care all the area of the swab tip is in contact with the sample.
6. **NOTE:** the swab should not be used as a paddle or spoon but as a probe. **DO NOT** try to collect and transfer an excessive amount of fecal sample into the transport medium tube. The swab tip only needs to be coated with sample material.
7. After collection, transfer the swab into the tube with the preservation medium and visually check that the maximum filling line ("MAX. FILL") indicated on the label is not exceeded. **NOTE:** If sample collected exceeds maximum fill line discard the swab and the tube. A second specimen should be collected using a new Copan FecalSwab kit.
8. Holding the swab shaft between thumb and finger, mash and mix the stool specimen against the side of the tube to evenly disperse and suspend the specimen in the preservation medium.
9. Hold the tube away from your face. Holding the swab shaft close to the rim of the tube, bend it at a 180 degrees angle to break it off at the marked breakpoint. If needed, gently rotate the shaft to completely remove it. Discard the broken upper part of the swab shaft and tighten the cap.
10. Shake the vial until the sample appears homogeneous.
11. Write patient's name and demographics on the tube label and send the sample to the laboratory.

Fig 1.b Operation of the FecalSwab Collection, Transport and Preservation System For Stool Specimen Collection

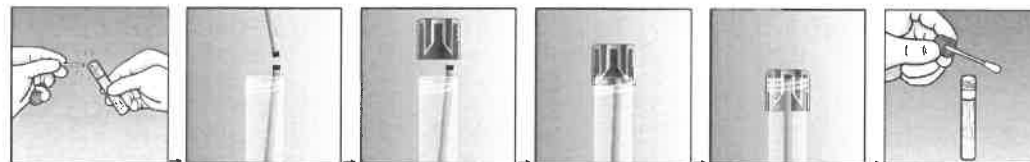


Fig 2. Collection swab showing breakpoint indication line and area for holding the applicator



The operator must only handle the part of the swab applicator shaft above the breakpoint indication line as shown in Fig 2. After the swab sample is taken from the patient or from the stool specimen, the maximum fill line checked, the swab applicator shaft is broken off at the marked breakpoint indication line into the FecalSwab tube of transport medium. The operator then discards the handle part of the swab. The tube's screw cap is then replaced and secured tightly. The action of screwing the cap onto the tube moves the end of the broken swab shaft into a funnel shaped molded docking receptacle in the cap (see Fig 3). This molded funnel shape captures the end of the broken applicator shaft and secures it firmly in the dock by friction grip.

Fig 3. Capture of broken swab applicator stick by FecalSwab tube cap



In the testing laboratory when the FecalSwab cap is unscrewed and removed, the swab applicator stick is securely attached to the cap. This feature allows the operator to conveniently remove the swab and perform various microbiology analyses using the tube cap as a handle to hold and manipulate the swab.