



Patient Collection Information



Collection of a Specimen for Stool Analysis

- O&P (Ova and Parasites)-** You will be given a pink and a blue container. Fill both containers to the red fill line within one hour of collection. These specimens should be kept at room temperature. You should use one kit per day. *Example:* If your physician orders an O&P x 3 you should collect 3 different kits on 3 different days.
- Stool or Feces Culture-** (These tests include salmonella, Shigella, Campylobacter, Aeromonas, E. coli O157, Plesiomonas, and Shiga Toxin.) You will be given one container with a hunter green top. Add sample to the black fill line within one hour of collection. Tighten the lid, gently shake, and refrigerate after completely filling specimen.
- Cryptosporidium or Microsporidia Stain-** You will be given one container with a pink top. Add sample to the red fill line within one hour of collection. This specimen should be kept at room temperature.
- C. Diff, H. Pylori, Giardia, Fecal Leukocytes, E. coli, Fecal Occult Blood, Rotavirus, or Calprotectin-** You will be given one container with a white top (there is no preservative in this container). Add sample to the red fill line. This specimen should be refrigerated.
- Specimens need to be brought to any of our sites promptly.
- If you have any questions please feel free to call the Laboratory at the numbers provided.

**St. Rita's Medical Center
Outpatient Express**
730 W. Market Street
Lima, OH 45801
Phone: 419-226-9035

Medical Office Building 4
750 W. High Street
Lima, OH 45801
Phone: 419-226-9021

East Side Urgent Care
967 Bellefontaine Ave.
Lima, OH 45804
419-96-5895

West Side Urgent Care
2195 Allentown Rd.
Lima, OH 45805
419-227-2245

**Delphos Ambulatory
Care Center**
1800 E. Fifth St.
Delphos, OH 45833
419-996-5030

**Putnam County Ambulatory
Care Center**
601 St. Route 224
Glandorf, OH 45848
419-538-7762

Please Fill out the Following Information:

- 1. Patient Name:** _____
- 2. Patient Date of Birth:** _____
- 3. Time of Collection:** _____
- 4. Method of collection:** _____

Thank you for choosing New Vision Medical Laboratories.