Having a complete patient history gives the Microbiology Department adequate information to perform a more complete workup on patients whose travel history or symptoms may indicate the need for more than a routine stool exam.

**SUBMIT THIS FORM WITH STOOL SPECIMENS TO AVOID ANY DELAYS IN TESTING**

# Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_

(You must Label ALL Specimen containers with your NAME and Date of Birth)

Diagnosis/Symptoms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Collection Date:\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_**

(Date & Collection Time are extremely important)

Is the patient :

Daycare  YES  NO

Institutionalized  YES  NO

Immune compromised  YES  NO

On chemotherapy  YES  NO

Pregnant  YES  NO

Recent bloody stools?  YES  NO

Mucus in stool?  YES  NO

Untreated water exposure? YES  NO

Have you taken any anti-diarrheal medications or antibiotics within the last 2 weeks? YES  NO

If YES, list them:

Travel History (Within the last year), list countries:

Have you ever lived long term outside of the United States, if so list countries:

Other comments:

**IMPORTANT INSTRUCTIONS!!!!!** Please Label each specimen container with your NAME and DOB. DROP off Specimens directly at the **Main Laboratory**. Go through the Emergency Room entrance and take the elevator to the 2nd Floor.