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.