

**For CS8 (A Vial +Swab); For CS1, MB2, MB3, MB4, FG1, FG4, FG5, GP3, GP3x, CAL & HpSA (Use vial A only)**

Please schedule sample collection so that you can ship on a Monday or Tuesday to ensure we receive your samples prior to the weekend.

Write your name and date of birth on all vials and on front of form.

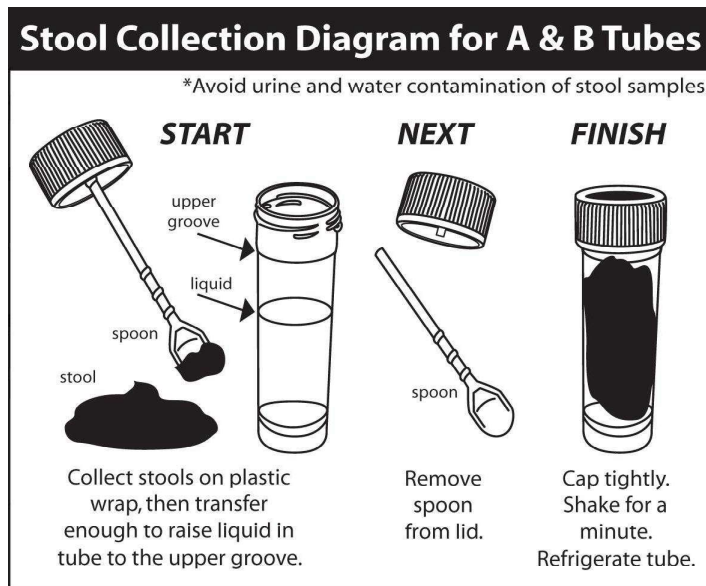
Date Collected \_\_\_\_\_

**Restrictions:** Avoid the following prior to collection:

- Bulk laxatives, osmotic or stimulant laxatives, vitamin C, heme iron, rare red meat, and peroxidase containing foods (broccoli, cauliflower, radishes, parsnips, turnips, grapefruit, figs, horseradish, cantaloupe, and kale) for 3 days
- Antacids, bismuth compounds, mineral oil, castor oil, activated charcoal, bentonite clay, enemas, and colonics for 1 week
- Antifungal and antimicrobial medications or herbs for 2 weeks

For stool collection details, refer to diagram below. **Do not overfill. Refrigerate** stool specimen, **DO NOT FREEZE**

**Fecal Specimen Collection Diagram. Refer to label on vial and follow matching instructions**

**For test CS3/CS8 (Swab + A Vial)**

Date Collected \_\_\_\_\_

Write your name and date of birth on all vials and on front of form.

**Swab** If you are performing a swab collection as part of CS8, collect both swab and stool samples on the same day and return **both** samples together.

**Throat:** Carefully guide cotton swab all the way back into throat and swab gently.

**Vaginal:** Gently insert the cotton swab 2-3 inches and rotate.  
Place swab in receptacle according to instructions on swab package.  
Follow mailing instructions at the bottom of the page.

Location Swabbed: Throat \_\_\_\_\_ Vagina \_\_\_\_\_ Other \_\_\_\_\_

Date Mailed \_\_\_\_\_

**STORAGE & MAILING INSTRUCTIONS FOR ALL SPECIMENS**

- ☐ Ship samples on same day as last sample collection (preferred). If not, refrigerate samples; ship within 3 days.
- ☐ Write name, address, gender, birth date and collection date on requisition form.
- ☐ Write name and date of birth on all vials.
- ☐ Be sure required test orders are marked on the form. If not, please contact your provider for test orders.
- ☐ Include payment check or credit card information and copy of Medicare or insurance card if applicable.
- ☐ Place vials, requisition (test) form and payment into kit box.
- ☐ **US Domestic:** Tuck front flap into box and seal with UPS mailing label (included in box). Place label within dashed lines and adhere over front edge. Please send from your most convenient UPS location. • [www.UPS.com/dropoff](http://www.UPS.com/dropoff) • 800.742.5877 •
- ☐ **International:** Delivery charges still apply. International deliveries should be addressed to the physical address only, which is noted above. Do not address to the PO Box. Deliveries can be made Monday through Friday via a private courier of your choice.

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