



STOOL SAMPLE COLLECTION FORM

ID NUMBER:

FORM CODE: STL
VERSION: 1.0 12/12/2019

Event: _____

0a) Date of Form / /

0b) Staff Code

Participant's Instructions: Complete questions 1-4 once you have collected the stool sample. Mail this questionnaire along with the stool sample in the pre-paid addressed mailer within 24 hours of collection.

1) Date you collected the stool sample: / /

2) Was the sample collected after a regular bowel movement?

- No₀
 Yes₁

3) Did you have any unusual gastrointestinal/stomach symptoms in the week prior to collecting the sample?

- No₀
 Yes₁

4) Were there any major changes in what you ate or drank in the week prior to collecting the sample?

- No₀
 Yes₁

4a) If Yes, please specify: _____

Reading Center Instructions: Complete questions 5 - 9 once the stool sample is received.

5) Date sample was received: / /

6) Is the stool sample tube in poor condition?

- No₀ → **Go to 7**
 Yes₁

If Yes, which of these conditions apply (check all that apply):

- Broken Tube
 Missing ID label
 Sample tube not in bag provided
 Other

6f1 If other, please specify: _____

7) Specimen ID (scan barcode):

8) Research Staff code:

9) Signature Date: / /

END OF FORM