



Westman Regional Laboratory

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Patient Instructions for Collection of Stool for Ova and Parasites

References:

- Manual of Clinical Microbiology 9th
Edition: Murray Baron Jorgensen
Pfaller Yolken

July 2007

INTRODUCTION

Your physician has requested that you collect stool for testing as part of your care. The information your doctor gets from these samples is only as accurate as the collection procedure. It is important that you collect the stool in as outlined below.

PRECAUTIONS

- Do not take any laxative, antidiarrheal drug or other medicine containing mineral oil, barium, bismuth magnesium, kaolin or antibiotics for 7 days prior to collecting samples.
- If you had a barium stomach or bowel x-ray examination, wait the 7 days prior to collecting samples.
- **The SAF fluid** in the collection containers provided for you is **POISONOUS. Keep away from children.** If swallowed by accident, drink lots of milk or water and immediately call the poison centre at the numbers listed below or your local physician.

Winnipeg – (204) 787-2591

Ottawa – 1-800-267-1373

COLLECTION

1. You are required to collect 3 separate samples on alternate days. Parasites shed at different amounts; therefore it is important to collect specimens on separate days.

2. Collect the stool sample into a clean and dry disposable container, or onto plastic wrap placed under the toilet seat. **Do not let urine or water touch the stool sample.**



3. Open the SAF collection container. Using the scoop attached to the lid, collect stool sample, especially from any area that is bloody or appears slimy.

4. Place Stool sample into container until liquid reaches the “fill line”. **DO NOT OVERFILL.**

5. Mash the stool in the container until well mixed with fluid. Screw cap on tightly. **Shake well.**

6. Wash hands with soap and water.

7. Follow steps 2 through 7 for 2 more collection days.

8. Write collection date and time on containers and in the spaces provided below. Store collected samples at room temperature.

9. Samples may be returned to Westman Lab Outpatient Centre on each day of collection or all together at end of collection date.

SPECIMEN COLLECTION TIMES

Sample 1:

Date: _____ (dd/mm/yyyy)

Time: _____ (00:00)

Sample 2:

Date: _____ (dd/mm/yyyy)

Time: _____ (00:00)

Sample 3:

Date: _____ (dd/mm/yyyy)

Time: _____ (00:00)

Lab Use Only

Transfer patient information from requisitions:

Patient Name: _____

PHIN: _____

DOB (dd/mm/yy): _____

Facility: _____