

STOOL SAMPLE COLLECTION FORM

ID NUMBER:

FORM CODE: STL
VERSION: 1.0 02/24/2021

Event: _____

0a) Date of Entry: / /

0b) Staff Code:

Participant 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 → **Go to End**
 Yes₁

4a) If Yes, please specify:

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

5) Date stool 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):

- 6a) Broken Tube
6b) Missing ID label
6c) Sample tube not in bag provided
6d) Other

6d1) If Other, please specify: _____

7) Specimen ID (scan barcode):

8) Research Staff Code:

ID NUMBER:									
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9) Signature Date:

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END OF FORM