

SEARCH FOR PARASITES IN FECES

MATERIAL NEEDED FOR COLLECTION

Stool container with preservative liquid provided by the Collection Center (not available for purchase in pharmacies).



Center (not

DIRECTIONS AND METHOD OF COLLECTION

1. Collect feces on a clean, dry surface. Do not contaminate feces with urine.
2. Open the container by unscrewing it and use the scoop on the cap to collect the feces.
3. Repeatedly collect small amounts of feces in the softest areas with possible mucus or blood, filling the container up to the red line on the label.
4. Close the screw cap tightly and shake until liquid and feces are well mixed.
5. Write first name last name date of birth and date of collection on the label.
6. Wash hands thoroughly after collection.
7. Fill out the questionnaire delivered with the container.
8. Deliver the sample to the Collection Center. If research is performed on three samples, then collect stool on different days and deliver all samples together. Store the samples at room temperature.

WARNINGS

Warning: Keep out of the reach of children. In case of contact with eyes and skin, immediately wash the affected area with running water and contact a doctor if necessary.

In case of accidental ingestion, drink 2-4 glasses of water and immediately go to the emergency room while also carrying the container.

SurnameName Date of Birth.....

M F

Materials: Feces collected in less than 24 hours Feces collected in less than 4 hours

<p>Birthplace:</p> <p><input type="checkbox"/> Italy <input type="checkbox"/> Europe or North America</p> <p><input type="checkbox"/> Latin America</p> <p><input type="checkbox"/> Africa <input type="checkbox"/> Asia <input type="checkbox"/> Australia</p>	<p>Symptoms: Started on</p> <p><input type="checkbox"/> Fever <input type="checkbox"/> Loose diarrhea <input type="checkbox"/> Bloody diarrhea</p> <p><input type="checkbox"/> Abdominal pain <input type="checkbox"/> Vomiting <input type="checkbox"/> Anal itching</p> <p><input type="checkbox"/> Itchy skin <input type="checkbox"/> Cough <input type="checkbox"/> Nausea/loss of appetite</p> <p><input type="checkbox"/> Skin rash <input type="checkbox"/> Other</p>
<p>Habits:</p> <p>Contact with animals: <input type="checkbox"/> No <input type="checkbox"/> Yes Which:.....</p> <p>Rural residence: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Agricultural occupation: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Laboratory Data (if available):</p> <p><input type="checkbox"/> Eosinophil (%):.....</p> <p><input type="checkbox"/> Fecal culture: <input type="checkbox"/> negative</p> <p><input type="checkbox"/> Salmonella <input type="checkbox"/> Shigella <input type="checkbox"/> Campylobacter</p>
<p>Travel abroad in non-EU countries:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>from to.....</p>	<p>Current Treatments:</p> <p><input type="checkbox"/> Cortisone</p> <p><input type="checkbox"/> Other.....</p>
<p>Reason for exam:</p> <p><input type="checkbox"/> Following travel to a tropical zone</p> <p><input type="checkbox"/> Following treatment for parasitosis (specify)</p> <p><input type="checkbox"/> Family/cohabitant diagnosed with</p> <p><input type="checkbox"/> Eosinophil</p>	<p>Previous parasites (in the past):</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Which.....</p>