

PATIENT INFORMATION GENERAL*

REFERRED BY*

Name				Self / Doctor / Hospital / Clinic / Lab - Account Code
Date of Birth	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Nationality	QID			
MRN / File No.	Ph No.	Mail Id.		
Height (Feet)	Weight (Kg)	Ph No. Seal / Signature		

QUESTIONNAIRE FOR GUT MICROBIOME ANALYSIS

DO YOU DRINK ALCOHOL?

- No
 Yes



MAJOR DIET TYPE?

- Vegetarian
 Vegetation + Egg
 Vegetation + Fish
 Non-Vegetarian



DO YOU SMOKE?

- No
 Yes



DO YOU WORKOUT?

- No
 Yes



DO YOU HAVE ANY DIAGNOSED ILLNESS?

- | | |
|---------------------------------------|-----------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> IBD |
| <input type="checkbox"/> IBS | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart Diseases |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Others |
| <input type="checkbox"/> Depression | <input type="checkbox"/> _____ |



ARE YOU TAKING ANY MEDICINES / DRUGS?

- No
 Yes _____



PLEASE LET US KNOW YOUR PREFERRED MEAL TYPE?

- | | |
|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Continental | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Sub-Continental | <input type="checkbox"/> South East Asian |



FOR LABORATORY USE ONLY

Sample Type

- Stool for Gut Microbiome Test Do not Freeze

Sample Received / Checked by:

Date/Time : _____

Technician Signature: _____

BARCODE STICKER/LAB ID

*accurate information is necessary for a valid interpretation | please (✓) boxes

GUT MICROBIOME : STOOL SAMPLE COLLECTION INSTRUCTIONS



1



What is inside the Collection Kit:

1. Stool Collection Container with preservative
2. Test Request Form & Collection Instruction
3. Gloves & Face Mask
4. Stool Collector Band
5. Bubble Pouch & Return Mailer Envelop Pouch
6. Collection Instruction: Illustration Card

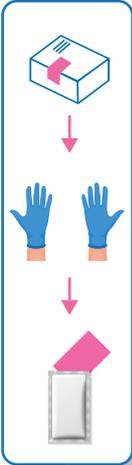
2



Special Collection Instructions:

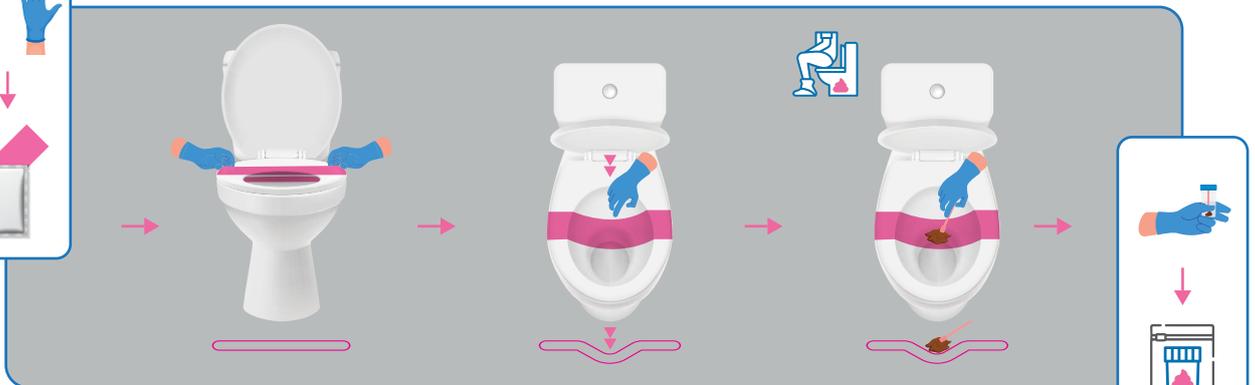
1. **Preferred Timing:** Try to collect the stool sample from the first bowel movement in the morning. (This is preferable, but not mandatory.)
2. **If you are on antibiotics or other medications:** Complete your course of antibiotics first (typically 3–5 days). Wait for an additional couple of days (total of one week), and then collect the sample. However, if your doctor/physician has instructed testing during the course of antibiotics, or if you are on long-term antibiotics for chronic conditions, you may collect the sample without waiting.
3. **Important Note:** If the sample is collected during or soon after antibiotic use, please inform the lab about the antibiotic consumption.
4. **Other Medications:** There are no restrictions on medications other than antibiotics.
5. **Avoid Contamination:** Ensure the stool sample is not mixed with: Water, Urine, or Menstrual blood.

3



Preparation Steps for Stool Sample Collection:

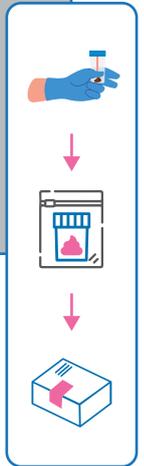
1. Before starting, urinate and ensure the toilet seat is wiped dry.
2. Wear the provided gloves to maintain hygiene.
3. Take out the stool collection paper band from the kit.
4. Lift the toilet seat and place the stool collection paper frame on the seat.
5. Adjust the paper frame by gently pressing the center to create a slight curve for better positioning.
6. Remove the collection tube from the box and hold it ready.
7. **Do not spill or discard the liquid inside the collection tube. It contains a sample protectant solution necessary for preserving the stool sample.**



4

Stool Sample Collection Steps:

1. Sit and pass stool directly onto the collection paper frame. Hold the sample collection tube ready in your hand.
2. Open the tube. Use the attached spoon to take 2–3 scoops of stool and put them into the liquid inside the tube.
3. Close the cap tightly and mix the contents by gently tilting the tube 3 to 5 times.
4. Keep the tube upright and set it aside.
5. Tear off the collection paper and let it drop into the toilet. Flush and clean yourself.
6. While wearing gloves, place the tube back in the box. Ensure the small white packet (desiccant) is also inside.
7. Throw away the gloves and wash your hands thoroughly.



5

Steps to Send the Sample:

1. Place the sample tube (inside the box) into the return envelope and seal it properly.
2. Contact us via WhatsApp or Call **Micro Health Laboratories**, to arrange the sample pickup.
3. The sample stays stable for up to 1 month in the liquid solution.
4. **No need for refrigeration or special handling. Keep the box in a cool, dry place until it's picked up.**

