

# Helicobacter Pylori Test Request Form

## Patient Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

---

## Referring Physician Information (if applicable)

Physician's Name: \_\_\_\_\_

Clinic/Hospital Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

---

## Test Type (Please select one)

- Stool Test
- Blood Test
- 

## Specimen Collection Instructions

### Stool Test

- Please collect a stool sample using the provided collection container.
- Ensure that the container is tightly sealed after collection.
- Label the container with your full name, date, and any unique identifiers provided.
- Follow any fasting or dietary instructions provided.

### Blood Test

- Visit our clinic or a designated laboratory for blood collection. No fasting is usually required.
  - Ensure that your full name and date of birth are correctly noted on the blood vial.
  - If there are any specific preparation instructions, our staff will guide you.
-

## Specimen Submission

- Return the labeled container to our clinic or a designated collection site as instructed for stool tests.
  - For blood tests, visit our clinic or the designated laboratory for blood collection.
- 

## Patient Consent

I, the undersigned, consent to undergo the Helicobacter pylori test as indicated above. I understand the instructions provided and will follow them accordingly. I authorize the release of test results to my healthcare provider for further evaluation and treatment if necessary.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## For Medical Professional Use Only

Test Ordered By: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic/Lab ID: \_\_\_\_\_

Lab Technician: \_\_\_\_\_

## Medical Practice Contact Information

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Please return this form with the specimen container to our clinic or the designated collection site. Thank you for choosing our practice for your healthcare needs.