

Ova and Parasite Test

Patient Information	
Name:	
Date of Birth:	
Gender:	
Address:	
Phone Number:	
Test Date and Time	
Date of Collection:	
Time of Collection:	

Patient History

Please check any symptoms you are currently experiencing:

- Diarrhea
- Abdominal pain
- Blood and/or mucus in stool
- Nausea and vomiting
- Gas
- Fever
- Weight loss
- Other (please specify): _____

Medical History

Please check any conditions or risk factors that apply to you:

- HIV/AIDS
- Cancer
- Immune-suppressing medications
- Infants or older adult
- Recent travel to high-risk areas
- Other (please specify): _____

Collection Instructions

Please follow these instructions for collecting the stool sample.

- Wash your hands thoroughly before collection.
- Place a pair of provided latex gloves.
- Use the provided container to collect a stool sample.
- Ensure no urine, toilet water, or toilet paper mixes with the sample.
- Seal and label the container with your name and date.
- Remove gloves and wash hands.
- Return the sample container to your healthcare provider promptly. If unable to do so immediately, refrigerate the sample until delivery.

Additional Information:

If you are collecting a sample from a child, please follow the same instructions with appropriate modifications.

Patient's Signature: _____ Date: _____

Provider's Signature: _____ Date: _____