



SPECIMEN OPTIMAL SAMPLING STOOL COLLECTION CHECKLIST

- Stool samples should be collected before commencing any antimicrobial treatment or as soon as possible post symptom onset
- Only collect a stool sample in the presence of clinical signs and symptoms of gastrointestinal (GI) infection (symptoms may differ depending upon causative organism) – See local Best Practice Recommendations for Stool Samples
- Give the patient clear instruction on how to collect the sample.

If patient history and clinical symptoms suggest a possible parasitic cause, 3 fresh samples should be taken with at least 2 days between each sample.

1. Collect a sterile stool specimen container.
2. Wash hands using soap and water.
3. Collect stool sample into a clean, sterile, single use dry stool specimen container. Do not touch the inside of the lid or container. Do not press the container against your skin.
4. Avoid addition of detergent, soap or disinfectants to the specimen container, as this can affect the integrity of the sample.
5. Close the stool container tightly and submit to healthcare worker immediately.
6. Wash hands using soap and water.

After receipt of the sample, healthcare worker must:

1. Inspect the stool sample for the presence of blood, pus or mucus.
2. Document the stool sample description in patient's medical notes.
3. Complete all sections of the laboratory request form. Label the sample correctly with patient's details, date and time sample was taken, and sample number if sending 3 samples for parasitology.
4. Provide sufficient information on the request form, including description of stool sample; duration of diarrhoea if present; relevant clinical history e.g. symptoms and travel, co-morbidities especially if causing immunocompromised status, allergies; current antibiotic therapy including duration; other relevant medication.

If a high risk/containment level 3 organism (in accordance with ACDP Approved List of biological agents) is suspected, this needs to be detailed on the form.

1. Clean surfaces/spillages using disinfectants suggested in local standard operating procedures (SOPs).
2. Send specimens to the laboratory on the same day. If immediate transport isn't available, store in refrigerated conditions (3-5 °C).
3. Start empirical antibiotics if non-self-limiting GI infection is suspected.
4. Refer to local /national guidelines for empirical treatment selection.
5. At 72 hours, review antibiotic treatment with stool antibiotic susceptibility results.