GENOVA DIAGNOSTICS
3425 Corporate Way
Duluth, GA 30096

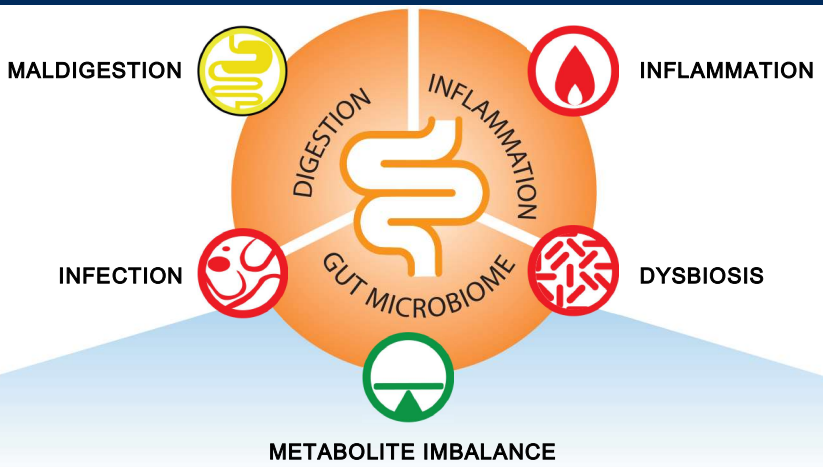
GI fx GI Effects Stool Profiles

Patient: **SAMPLE PATIENT**
DOB:
Sex:
MRN:

2200 GI Effects™ Comprehensive Profile - Stool

Powered by Genova AI

Results Overview



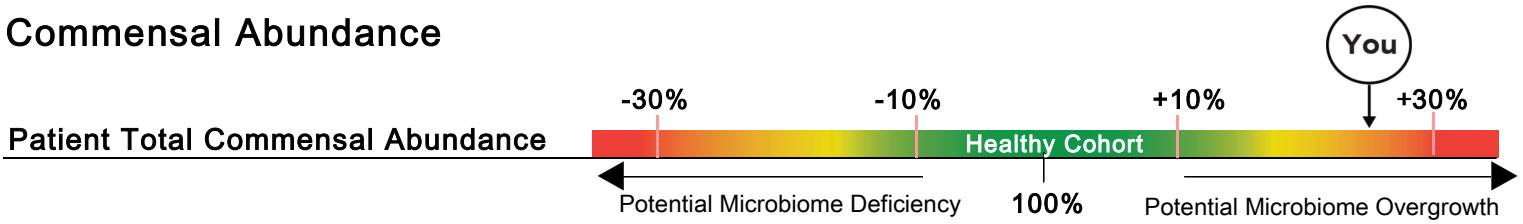
Functional Imbalance Scores

Key (< 2) : Low Need for Support (2-3) : Optional Need for Support (4-6) : Moderate Need for Support (7-10) : High Need for Support

	Need for Digestive Support	Need for Inflammation Modulation	Need for Microbiome Support	Need for Prebiotic Support	Need for Antimicrobial Support
	MALDIGESTION	INFLAMMATION	DYSBIOSIS	METABOLIC IMBALANCE	INFECTION
	5	10	10	0	10
Biomarkers	Pancreatic Elastase ▽ Products of Protein Breakdown ● Fecal Fats ●	Calprotectin ▲ Eosinophil Protein X ▲ Secretory IgA ● Occult Blood ●	IAD/Methane Score ▲ PP Bacteria/Yeast ▲ Reference Variance ▲ Total Abundance △	Total SCFA's ● n-Butyrate Conc. ● SCFA (%) ● Beta-glucuronidase ●	Parasitic Infection ▲ PP Bacteria/Yeast ▲ Total Abundance △ Pathogenic Bacteria ●
Therapeutic Support Options	• Digestive Enzymes • Betaine HCl • Bile Salts • Apple Cider Vinegar • Mindful Eating Habits • Digestive Bitters	• Elimination Diet/ Food Sensitivity Testing • Mucosa Support: Slippery Elm, Althea, Aloe, DGL, etc. • Zinc Carnosine • L-Glutamine • Quercetin • Turmeric • Omega-3's • GI Referral (If Calpro is Elevated)	• Pre-/Probiotics • Increase Dietary Fiber Intake • Consider SIBO Testing • Increase Resistant Starches • Increase Fermented Foods • Meal Timing	• Pre-/Probiotics • Increased Dietary Fiber Intake • Increase Resistant Starches • increase Fermented Foods • Calcium D-Glucarate (for high beta-glucuronidase)	• Antibiotics (if warranted) • Antimicrobial Herbal Therapy • Antiparasitic Herbal Therapy (if warranted) • *Saccharomyces boulardii*

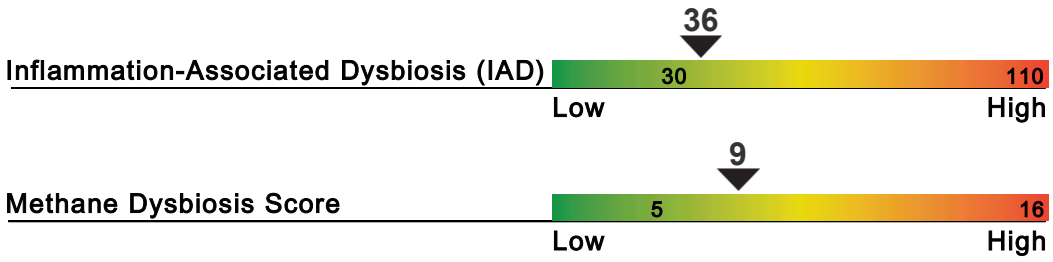
Commensal Microbiome Analysis

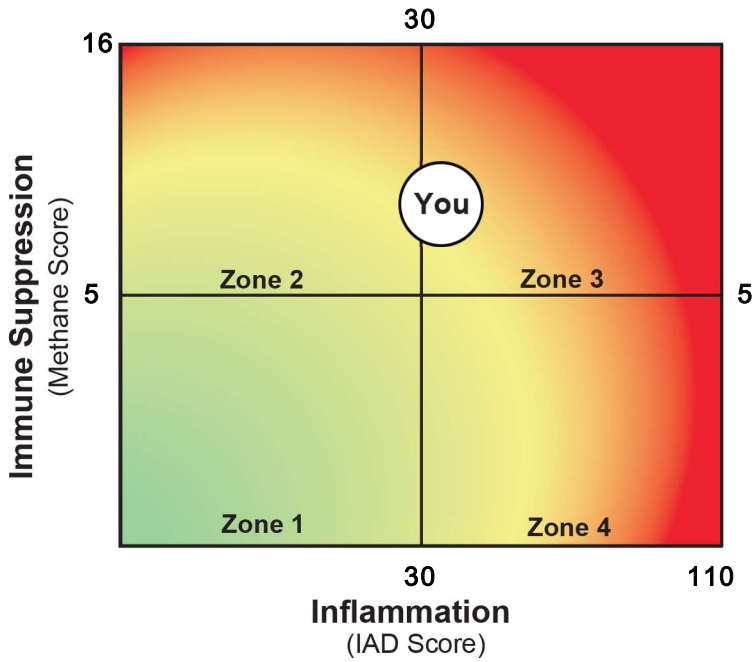
Commensal Abundance



Total Commenal Balance: The total commensal abundance is a sum-total of the reported commensal bacteria compared to a healthy cohort. Low levels of commensal bacteria are often observed after antimicrobial therapy, or in diets lacking fiber and/or prebiotic-rich foods and may indicate the need for microbiome support. Conversely, higher total commensal abundance may indicate potential bacteria overgrowth or probiotic supplementation.

Dysbiosis Patterns





Dysbiosis Patterns: Genova's data analysis has led to the development of unique dysbiosis patterns, related to key physiologic disruptions, such as immunosuppresion and inflammation. These patterns may represent dysbiotic changes that could pose clinical significance. Please see Genova's published literature for more details: https://rdcu.be/bRhzv

Zone 1: The commensal profile in this zone does not align with profiles associated with intestinal inflammation or immunosuppression. If inflammatory biomarkers are present, other causes need to be excluded, such as infection, food allergy, or more serious pathology.

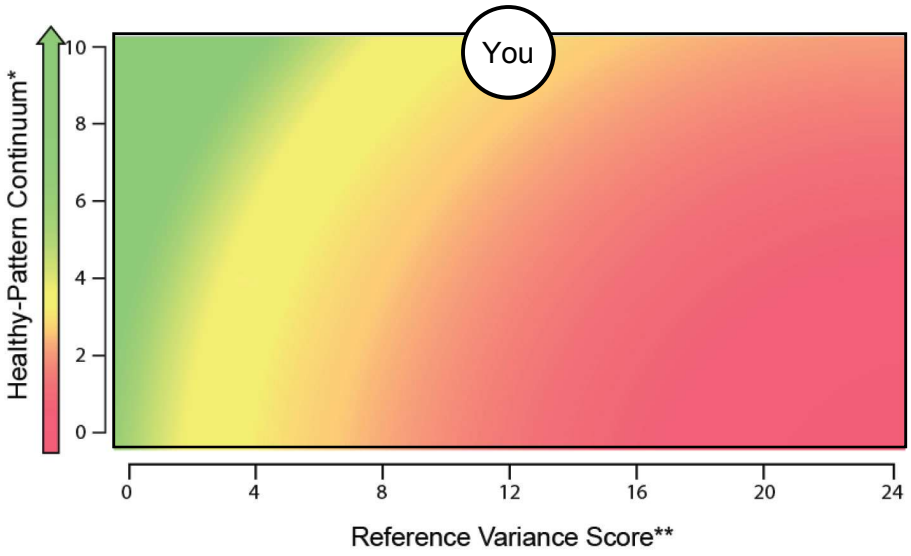
Zone 2: This pattern of bacteria is associated with impaired intestinal barrier function (low fecal sIgA and EPX). Patients in this zone have higher rates of opportunistic infections (e.g. *Blastocystis spp.* & *Dientamoeba fragilis*) as well as fecal fat malabsorption. Commensal abundance is higher in this group suggesting potential bacterial overgrowth.

Zone 3: Patients in this zone may have more inflammation compared to those in zone 4. However, commensal abundance is usually higher making use of antimicrobial therapy relatively safer. Patients in this zone may have higher rates of pathogenic infections.

Zone 4: This commensal profile is associated with increased intestinal inflammation. IBD patients are more likely to have this pattern of bacteria. Commensal abundance is lower in this zone; therefore, antibiotic use for GI potential pathogens should be used with caution. In addition to standard treatment for intestinal inflammation, modulation of the commensal gut profile is encouraged.

Commensal Microbiome Analysis

Commensal Balance

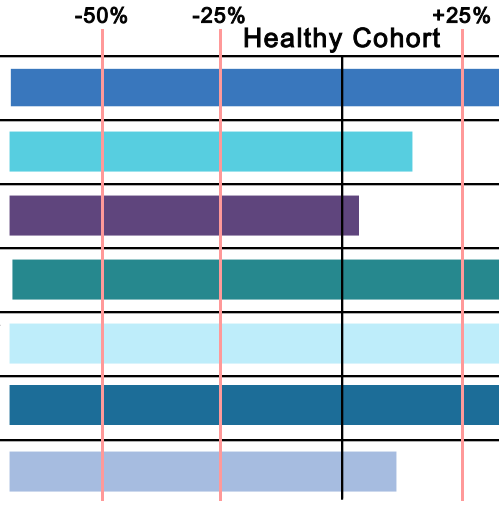


Balanced	Represents 95% of healthy individuals
Borderline	Represents 5% of healthy individuals
Imbalanced	Represents 60% of unhealthy individuals

*A progressive ranking scale based on a Genova proprietary algorithm that differentiates healthy and unhealthy commensal patterns.

**The total number of Commensal Bacteria (PCR) that are out of reference ranges for this individual.

Relative Commensal Abundance



Bacteroidetes Phylum	Increase in *Bacteroides spp.* and *Odoribacter spp.* seen in animal-based diets; *Prevotella* increased with plant-based diet
Firmicutes Phylum	Contains many butyrate-producers; most species responsive to plant-based diets; *Faecalibacterium spp.* is anti-inflammatory
Actinobacteria Phylum	*Bifidobacterium* is increased with plant-based diets; *Collinsella* may be proinflammatory, and is elevated with a Western-diet
Proteobacteria Phylum	Some species may be proinflammatory; *E. coli* consumes simple sugars and is lower in individuals on plant-based diets
Euryarchaeota Phylum***	*Methanobrevibacter smithii* is associated with methane production and with diets high in carbohydrates
Fusobacteria Phylum	Certain *Fusobacterium spp.* may be proinflammatory and increased on low fiber, high fat diets
Verrucomicrobia Phylum	*Akkermansia spp.* is involved in gut membrane integrity and may be increased with polyphenols and prebiotics

Relative Abundance: The relative abundance compares the quantity of each of 7 major bacterial phyla to a healthy cohort. This can indicate broader variances in the patient's gut microbiome profile. Certain interventions may promote or limit individual phyla when clinically appropriate. Please refer to Genova's Stool Testing Support Guide for more information on modulation of commensal bacteria through diet & nutrient interventions. ***Roughly 75% of the healthy cohort had below detectable levels of *Methanobrevibacter smithii.*

Physician Notes/Recommendations

2200 GI Effects™ Comprehensive Profile - Stool

Methodology: GC/MS, Automated Chemistry, EIA

	Result	QUINTILE DISTRIBUTION (1st / 2nd / 3rd / 4th / 5th)	Reference Range
Digestion and Absorption			
Pancreatic Elastase 1 †	158 L	100 / 200	>200 mcg/g
Products of Protein Breakdown (Total*) (Valerate, Isobutyrate, Isovalerate)	6.0		1.8-9.9 micromol/g
Fecal Fat (Total*)	19.5		3.2-38.6 mg/g
Triglycerides	1.1		0.3-2.8 mg/g
Long-Chain Fatty Acids	12.9		1.2-29.1 mg/g
Cholesterol	0.5		0.4-4.8 mg/g
Phospholipids	5.0		0.2-6.9 mg/g
Inflammation and Immunology			
Calprotectin †	145 H	50 / 120	<=50 mcg/g
Eosinophil Protein X (EPX)†	4.9 H	1.1 / 4.6	<=4.6 mcg/g
Fecal secretory IgA	206		<=885 mcg/g
Gut Microbiome Metabolites			
Metabolic			
Short-Chain Fatty Acids (SCFA) (Total*) (Acetate, n-Butyrate, Propionate)	81.3		>=23.3 micromol/g
n-Butyrate Concentration	18.1		>=3.6 micromol/g
n-Butyrate %	22.3		11.8-33.3 %
Acetate %	63.1		48.1-69.2 %
Propionate %	14.6		<=29.3 %
Beta-glucuronidase	2,297		368-6,266 U/g

**Total value is equal to the sum of all measurable parts.*
†These results are not represented by quintile values.
Tests were developed and their performance characteristics determined by Genova Diagnostics. Unless otherwise noted with ◆, the assays have not been cleared by the U.S. Food and Drug Administration.

Methodology: DNA by PCR

Gastrointestinal Microbiome (PCR)

Commensal Bacteria (PCR)

	Result CFU/g stool		QUINTILE DISTRIBUTION 1st 2nd 3rd 4th 5th	Reference Range CFU/g stool
Bacteroidetes Phylum				
Bacteroides-Prevotella group	2.4**E8**			3.4**E6** - 1.5**E9**
Bacteroides vulgatus	1.2**E9**			<=2.2**E9**
Barnesiella spp.	3.6**E7**			<=1.6**E8**
Odoribacter spp.	7.1**E7**			<=8.0**E7**
Prevotella spp.	1.4**E8**	H		1.4**E5** - 1.6**E7**
Firmicutes Phylum				
Anaerotruncus colihominis	3.4**E7**	H		<=3.2**E7**
Butyrivibrio crossotus	5.0**E7**	H		5.5**E3** - 5.9**E5**
Clostridium spp.	2.1**E8**			1.7**E8** - 1.5**E10**
Coprococcus eutactus	1.0**E8**			<=1.2**E8**
Faecalibacterium prausnitzii	7.5**E8**			5.8**E7** - 4.7**E9**
Lactobacillus spp.	1.6**E8**			8.3**E6** - 5.2**E9**
Pseudoflavonifractor spp.	3.0**E8**	H		4.2**E5** - 1.3**E8**
Roseburia spp.	7.6**E7**	L		1.3**E8** - 1.2**E10**
Ruminococcus spp.	1.9**E9**	H		9.5**E7** - 1.6**E9**
Veillonella spp.	1.5**E8**	H		1.2**E5** - 5.5**E7**
Actinobacteria Phylum				
Bifidobacterium spp.	1.5**E8**			<=6.4**E9**
Bifidobacterium longum	1.4**E8**			<=7.2**E8**
Collinsella aerofaciens	5.1**E8**			1.4**E7** - 1.9**E9**
Proteobacteria Phylum				
Desulfovibrio piger	8.7**E7**	H		<=1.8**E7**
Escherichia coli	1.3**E8**	H		9.0**E4** - 4.6**E7**
Oxalobacter formigenes	5.0**E7**	H		<=1.5**E7**
Euryarchaeota Phylum				
Methanobrevibacter smithii	1.4**E8**	H		<=8.6**E7**
Fusobacteria Phylum				
Fusobacterium spp.	2.3**E7**	H		<=2.4**E5**
Verrucomicrobia Phylum				
Akkermansia muciniphila	3.1**E7**			>=1.2**E6**
Firmicutes/Bacteroidetes Ratio				
Firmicutes/Bacteroidetes (F/B Ratio)	11	L		12-620

The gray-shaded portion of a quintile reporting bar represents the proportion of the reference population with results below detection limit.

Commensal results and reference range values are displayed in a computer version of scientific notation, where the capital letter “E” indicates the exponent value (e.g., 7.3E6 equates to 7.3 x 10^6 or 7,300,000).

The Firmicutes/Bacteroidetes ratio (F/B Ratio) is estimated by utilizing the lowest and highest values of the reference range for individual organisms when patient results are reported as <DL or >UL.

Methodology: Culture/MALDI-TOF MS, Automated and Manual Biochemical Methods, Vitek® 2 System Microbial identification and Antibiotic susceptibility

Gastrointestinal Microbiome (Culture)**

Human microflora is influenced by environmental factors and the competitive ecosystem of the organisms in the GI tract. Pathogenic significance should be based upon clinical symptoms.

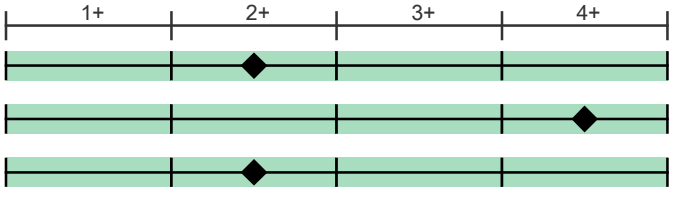
Microbiology Legend

NG	NP	PP	P
No Growth	Non-Pathogen	Potential Pathogen	Pathogen

Additional Bacteria

Non-Pathogen: Organisms that fall under this category are those that constitute normal, commensal flora, or have not been recognized as etiological agents of disease.
Potential Pathogen: Organisms that fall under this category are considered potential or opportunistic pathogens when present in heavy growth.
Pathogen: The organisms that fall under this category have a well-recognized mechanism of pathogenicity in clinical literature and are considered significant regardless of the quantity that appears in the culture.

Bacteriology (Culture)



Lactobacillus spp.	2+	NP
Escherichia coli	4+	NP
Bifidobacterium	2+	NP

Additional Bacteria

alpha haemolytic Streptococcus	4+	NP
Klebsiella pneumoniae	4+	PP

Mycology (Culture)

Candida species	3+	PP

KOH Preparation for Yeast**

Methodology: Potassium Hydroxide (KOH) Preparation for Yeast

Potassium Hydroxide (KOH) Preparation for Yeast

These yeast usually represent the organisms isolated by culture. In the presence of a negative yeast culture, microscopic yeast may reflect organisms not viable enough to grow in culture. The presence of yeast on KOH prep should be correlated with the patient's symptoms. However, moderate to many yeast suggests yeast overgrowth.

	Result	
KOH Preparation, stool	Few Yeast Present	The result is reported as the amount of yeast seen microscopically: Rare: 1-2 per slide Few: 2-5 per high power field (HPF) Moderate: 5-10 per HPF Many: >10 per HPF

*** Indicates testing performed by Genova Diagnostics, Inc. 63 Zillicoa St., Asheville, NC 28801-0174*
A. L. Peace-Brewer, PhD, D(ABMLI), Lab Director - CLIA Lic. #34D0655571 - Medicare Lic. #34-8475

Parasitology**

Microscopic O&P Results

Microscopic O&P is capable of detecting all described gastrointestinal parasites. The organisms listed in the box represent those commonly found in microscopic stool analysis. Should an organism be detected that is not included in the list below, it will be reported in the Additional Results section. For an extensive reference of all potentially detectable organisms, please visit www.gdx.net/product/gi-effects-comprehensive-stool-test

Genus/species	Result
Nematodes - roundworms	
Ancylostoma/Necator (Hookworm)	Not Detected
Ascaris lumbricoides	Not Detected
Capillaria philippinensis	Not Detected
Enterobius vermicularis	Not Detected
Strongyloides stercoralis	Not Detected
Trichuris trichiura	Not Detected
Cestodes - tapeworms	
Diphyllobothrium latum	Not Detected
Dipylidium caninum	Not Detected
Hymenolepis diminuta	Not Detected
Hymenolepis nana	Not Detected
Taenia spp.	Not Detected
Trematodes - flukes	
Clonorchis/Opisthorchis spp.	Not Detected
Fasciola spp./ *Fasciolopsis buski*	Not Detected
Heterophyes/Metagonimus	Not Detected
Paragonimus spp.	Not Detected
Schistosoma spp.	Not Detected
Protozoa	
Balantidium coli	Not Detected
Blastocystis spp.	**Rare Detected**
Chilomastix mesnili	Not Detected
Cryptosporidium spp.	Not Detected
Cyclospora cayetanensis	Not Detected
Dientamoeba fragilis	**Moderate Detected**
Entamoeba coli	Not Detected
Entamoeba histolytica/dispar	Not Detected
Entamoeba hartmanii	Not Detected
Entamoeba polecki	Not Detected
Endolimax nana	Not Detected
Giardia	Not Detected
Iodamoeba buetschlii	Not Detected
Cystoisospora spp.	Not Detected
Trichomonads (e.g. *Pentatrichomonas*)	Not Detected
Additional Findings	
White Blood Cells	Not Detected
Charcot-Leyden Crystals	Not Detected
Other Infectious Findings	

One negative specimen does not rule out the possibility of a parasitic infection.

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Parasitology

PCR Parasitology - Protozoa**

Methodologies: DNA by PCR, Next Generation Sequencing

Organism	Result	Units		Expected Result
Blastocystis spp.	6.00e2	femtograms/microliter C&S stool	Detected	Not Detected
Cryptosporidium parvum/hominis	<1.76e2	genome copies/microliter C&S stool	Not Detected	Not Detected
Cyclospora cayetanensis	<2.65e2	genome copies/microliter C&S stool	Not Detected	Not Detected
Dientamoeba fragilis	6.40e2	genome copies/microliter C&S stool	Detected	Not Detected
Entamoeba histolytica	<9.64e1	genome copies/microliter C&S stool	Not Detected	Not Detected
Giardia	<1.36e1	genome copies/microliter C&S stool	Not Detected	Not Detected

Blastocystis spp. Reflex Subtyping

Type 1:	Not Detected	Type 4:	Not Detected	Type 7:	Not Detected
Type 2:	Detected	Type 5:	Not Detected	Type 8:	Not Detected
Type 3:	Not Detected	Type 6:	Not Detected	Type 9:	Not Detected

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Additional Results

Methodology: Fecal Immunochemical Testing (FIT)

	Result	Expected Value
Fecal Occult Blood◆	Negative	Negative
Color††	Green	
Consistency††	Formed/Normal	

††Results provided from patient input.
Tests were developed and their performance characteristics determined by Genova Diagnostics. Unless otherwise noted with ◆, the assays have not been cleared by the U.S. Food and Drug Administration.

Zonulin Family Peptide

Methodology: EIA

	Result	Reference Range
Zonulin Family Peptide, Stool	100.0	22.3-161.1 ng/mL

Zonulin Family Peptide

This test is for research use only. Genova will not provide support on interpreting the test results. This test does not detect zonulin.[1] The Scheffler paper suggests that the IDK kit may detect a zonulin family peptide, such as properdin. Genova's unpublished data demonstrated that the current IDK kit results were associated with stool inflammation biomarkers and an inflammation-associated dysbiosis profile.

The performance characteristics of Zonulin Family Peptide have been verified by Genova Diagnostics, Inc. The assay has not been cleared by the U.S. Food and Drug Administration.

Reference:

1. Scheffler L, et al. Widely Used Commercial ELISA Does Not Detect Precursor of Haptoglobin2, but Recognizes Properdin as a Potential Second Member of the Zonulin Family. *Front Endocrinol.* 2018;9:22.

Macroscopic/Direct Exam for Parasites **

Methodology: Macroscopic Evaluation

No human parasite detected in sample.

Add-on Testing

Methodology: EIA

	Result	Expected Value
HpSA - *H. pylori*	Negative	Negative
Campylobacter spp.◆**	Negative	Negative
Clostridium difficile◆**	Negative	Negative
Shiga toxin *E. coli*◆**	Negative	Negative
Fecal Lactoferrin◆**	Negative	Negative

HpSA (*Helicobacter pylori* stool antigen)
Helicobacter pylori is a bacterium which causes peptic ulcer disease and plays a role in the development of gastric cancer. Direct stool testing of the antigen (HpSA) is highly accurate and is appropriate for diagnosis and follow-up of infection.

Clostridium difficile
Clostridium difficile is an anaerobic, spore-forming gram-positive bacterium. After a disturbance of the gut flora (usually with antibiotics), colonization with *Clostridium difficile* can take place. *Clostridium difficile* infection is much more common than once thought.

Shiga toxin *E. coli*
Shiga toxin-producing *Escherichia coli* (STEC) is a group of bacterial strains that have been identified as worldwide causes of serious human gastrointestinal disease. The subgroup enterohemorrhagic *E. coli* includes over 100 different serotypes, with 0157:H7 being the most significant, as it occurs in over 80% of all cases. Contaminated food continues to be the principal vehicle for transmission; foods associated with outbreaks include alfalfa sprouts, fresh produce, beef, and unpasteurized juices.

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Methodology: Vitek 2® System Microbial Antibiotic susceptibility, Manual Minimum Inhibition Concentration

Mycology Sensitivity

Azole Antifungals

Candida species	R	I	S-DD	S	NI
Fluconazole				0.5	
Voriconazole				<=0.008	
Nystatin	=50				

Natural Agents

Candida species	LOW INHIBITION	HIGH INHIBITION
Berberine		
Caprylic Acid		
Garlic		
Undecylenic Acid		
Plant tannins		
Uva-Ursi		

Prescriptive Agents:

The R (Resistant) category implies isolate is not inhibited by obtainable levels of pharmaceutical agent.

The I (Intermediate) category includes isolates for which the minimum inhibition concentration (MIC) values usually approach obtainable pharmaceutical agent levels and for which response rates may be lower than for susceptible isolates.

The S-DD (Susceptible-Dose Dependent) category implies clinical efficacy when higher than normal dosage of a drug can be used and maximal concentration achieved.

The S (Susceptible) column implies that isolates are inhibited by the usually achievable concentrations of the pharmaceutical agent.

NI (No Interpretive guidelines established) category is used for organisms that currently do not have established guidelines for MIC interpretation.

Refer to published pharmaceutical guidelines for appropriate dosage therapy.

Nystatin and Natural Agents:

Results for Nystatin are being reported with natural antifungals in this category in accordance with laboratory guidelines for reporting sensitivities. In this assay, inhibition is defined as the reduction level on organism growth as a direct result of inhibition by a natural substance. The level of inhibition is an indicator of how effective the substance was at limiting the growth of an organism in an in vitro environment. High inhibition indicates a greater ability by the substance to limit growth, while Low Inhibition a lesser ability to limit growth. The designated natural products should be considered investigational in nature and not be viewed as standard clinical treatment substances.

Methodology: Vitek 2® System Microbial Antibiotic susceptibility, Manual Minimum Inhibition Concentration

Bacteria Sensitivity

Prescriptive Agents

Klebsiella pneumoniae	R	I	S-DD	S	NI
Ampicillin	R				
Amox./Clavulanic Acid				S	
Cephalothin				S	
Ciprofloxacin				S	
Tetracycline				S	
Trimethoprim/Sulfa				S	

Natural Agents

Klebsiella pneumoniae	LOW INHIBITION	HIGH INHIBITION
Berberine		
Oregano		
Plant Tannins		
Uva-Ursi		

Prescriptive Agents:
The R (Resistant) category implies isolate is not inhibited by obtainable levels of pharmaceutical agent.
The I (Intermediate) category includes isolates for which the minimum inhibition concentration (MIC) values usually approach obtainable pharmaceutical agent levels and for which response rates may be lower than for susceptible isolates.
The S-DD (Susceptible-Dose Dependent) category implies clinical efficacy when higher than normal dosage of a drug can be used and maximal concentration achieved.
The S (Susceptible) column implies that isolates are inhibited by the usually achievable concentrations of the pharmaceutical agent.
NI (No Interpretive guidelines established) category is used for organisms that currently do not have established guidelines for MIC interpretation.
Refer to published pharmaceutical guidelines for appropriate dosage therapy.
Natural Agents:
In this assay, inhibition is defined as the reduction level on organism growth as a direct result of inhibition by a substance. The level of inhibition is an indicator of how effective the substance was at limiting the growth of an organism in an in vitro environment. High inhibition indicates a greater ability by the substance to limit growth, while Low Inhibition a lesser ability to limit growth. The designated natural products should be considered investigational in nature and not be viewed as standard clinical treatment substances.

ENSURE THE FOLLOWING:

❑ **Peel and stick labels completed** with **patient's date of birth** are on all tubes as well as the test requisition form

All tubes:

❑ Are tightly closed

❑ Sealed in the biohazard bag with absorbent pad

❑ Refrigerated until packaged for shipping

All required information:

❑ **All sections of test requisition form completed either online or on the included paper form. If using the online form, the paper form must still be returned with the health care provider's signature**

❑ **Health survey** completed

❑ **Payment information provided**

❑ **All tubes and associated forms** placed back in the original Genova sample collection pack box prior to shipping

SHIP THE SAMPLE(S) TO THE LAB

Ship only Monday through Friday, and within 24 hours after final collection.
Please refer to the shipping instruction insert found in your Genova sample collection pack box.

REGISTER FOR THE PATIENT RESOURCE CENTER AT WWW.GDX.NET/PRC

- Complete health surveys
- Make payments
- Access test results

GASTROINTESTINAL 1 DAY COLLECTION

PATIENT SAMPLE COLLECTION INSTRUCTIONS FOR THE FOLLOWING PROFILE(S)

GI Effects Comprehensive Profile*	Stool	#2200
GI Effects Microbial Ecology Profile*	Stool	#2205
GI Effects Gut Pathogen Profile*	Stool	#2207
CDSA™ (Comprehensive Digestive Stool Analysis)	Stool	#2000
CDSA 2.0 without Parasitology	Stool	#2002

COLLECTION MATERIALS FOR SAMPLE

USE PEEL AND STICK LABEL | ORANGE-TOP C & S TUBE | PINK-TOP TUBE (10 % FORMALIN) | GREEN-TOP SAF TUBE | CLEAN TUBE | FECAL SWAB AND TUBE | COLLECTION DEVICE

- **CAUTION: Tubes contain poisonous liquid. KEEP OUT OF REACH OF CHILDREN.**
- Tubes are under pressure. Cover tube cap with a cloth and remove cap slowly.
- For eye contact, flush with water for 15 mins.
- For skin contact, wash with soap and water.
- For ingestion, contact poison control center immediately.

REQUIRED MATERIALS

- Disposable glove (vinyl)
- Peel and stick labels
- Black disposable bag
- Absorbent pads
- Test requisition form
- Biohazard bags
- Genova sample collection pack box
- FedEx® Clinical Lab Pak and Billable Stamp
- Health survey

IMPORTANT INFORMATION BEFORE YOU BEGIN THE COLLECTION

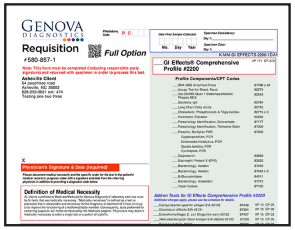
- Test not recommended for patients under 2 years of age.
- **Wait at least 4 Weeks** from colonoscopy or barium enema before starting the test.
- Please consult with your physician before stopping any medications. Certain medications and/or supplements may impact test results.
- **2 to 4 Weeks Before the Test:**
  - » Discontinue antibiotics, antiparasitics, antifungals, probiotic supplements (acidophilus, etc.).
  - » Discontinue proton pump inhibitors (PPIs), and bismuth **14 Days prior *if adding on the H. pylori test.***
- **2 Days Before the Test:**
  - » Discontinue aspirin and other NSAIDs (i.e. ibuprofen), rectal suppositories, enemas, activated charcoal, bismuth, betaine HCL, digestive enzymes, antacids, laxatives, mineral oil, castor oil, and/or bentonite clay.
- **DO NOT collect samples** when there is active bleeding from hemorrhoids or menstruation.
- Before collecting your specimen refer to the shipping instruction to determine what day you can ship. **Ship only Monday through Friday, and within 24 hours after final collection.**

* Not available in New York

If any items are missing or expired, or liquid is spilled, call Client Services at 800.522.4762 and press "1"

COLLECTION

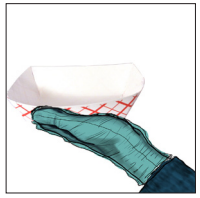
1. **Completely fill out** front and back of test requisition form using the **included form** or **online at www.gdx.net/register**. Failure to provide all information will result in delay of test processing.



2. Using the peel and stick labels provided **record** the **patient's date of birth** and **place** a label on each of the tubes and the test requisition form

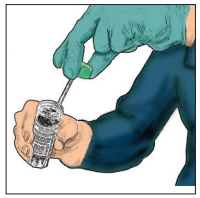
STOOL COLLECTION

3. **Put on** the glove.



4. **Collect** your stool sample using the enclosed collection container. **DO NOT contaminate** the sample with either urine or water from the toilet.

5. **GREEN-TOP TUBE: Remove** the cap. **Transfer** stool sample into the tube using the built-in scoop. **Collect** from different areas of the sample. **Mix** the sample with the liquid in the tube until it is as smooth as possible. **Make** sure that the liquid and sample do not exceed the FILL LINE. **DO NOT OVERFILL**. **Screw** the cap on tightly. **Shake** tube for 30 seconds.

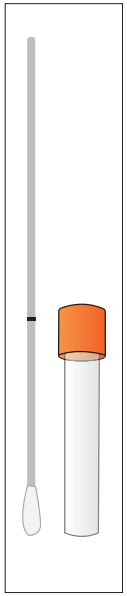


NOTE: If a worm is seen, **DO NOT place** it in tube with stool. Instead **place** it in **GREEN-TOP TUBE WITHOUT** scooping additional stool. Alternatively, a worm can be placed in a clean glass jar with rubbing alcohol, with no additional stool added to jar. Make note on requisition form that a worm was seen and write **WORM** on the tube. **Do not mix and mash** sample if there is a worm inside. **Do not shake tube** if there is a worm inside.

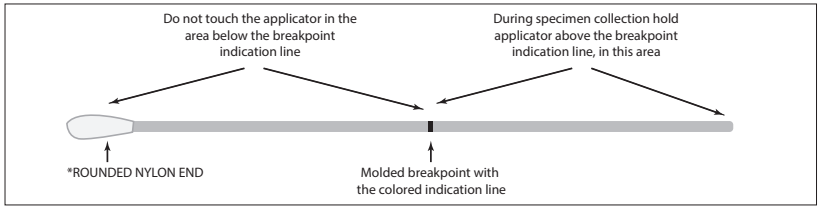
6. **Repeat STEPS 3 through 5** with **ORANGE-TOP TUBE, PINK-TOP TUBE, and the WHITE-TOP TUBE.**
Note: There is no liquid in the WHITE-TOP TUBE.

BLENDED SAMPLE & PRESERVATIVE CANNOT EXCEED THE RED FILL LINE

7. **Peel** open swab package, **remove** the tube, and place it upright. The swab should remain in the sleeve until you are ready to collect sample.



8. **Grasp** swab above the molded breakpoint which is the opposite end from the nylon applicator tip. (see diagram below)

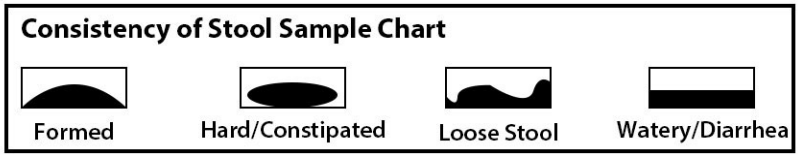


9. **Collect** sample by inserting the **ROUNDED NYLON END*** (see above) of the swab into the stool sample and **rotate** it. **Confirm** that the swab contains fecal material. If not, repeat.

10. **Open** the swab collection tube and insert the swab. **Mash** and **mix** the rounded nylon end of the swab with stool on it against the side of the tube.

11. **Break** the swab off at the break point. **Place** the screw cap on the tube and **tighten**. **Shake** the tube. Using the peel and stick label, **write** patient's date of birth on the label and apply to the swab tube.

12. **Record the date of collection, stool consistency** (refer to chart below), and **stool color** for **Day 3 Collection only**, on the Test Requisition Form in the sample consistency , sample color, and collection date areas.



13. **Dispose of remaining sample** into toilet and put collection container and glove in **black disposable bag.**

14. **Place** all tubes in the biohazard bag and refrigerate. **Refrigerate** until ready to ship. **DO NOT FREEZE.**

ENSURE THE FOLLOWING:

❑ **Peel and stick labels completed** with **patient's date of birth** are on all tubes as well as the test requisition form

All tubes:

- ❑ Are tightly closed
- ❑ Sealed in the biohazard bag with absorbent pad
- ❑ Refrigerated until packaged for shipping

All required information:

- ❑ **All sections of test requisition form completed either online or on the included paper form. If using the online form, the paper form must still be returned with the health care provider's signature**
- ❑ **Health survey** completed
- ❑ **Payment information provided**

❑ **All tubes and associated forms** placed back in the original Genova sample collection pack box prior to shipping

SHIP THE SAMPLE(S) TO THE LAB

Ship only Monday through Friday, and within 24 hours after final collection.
Please refer to the shipping instruction insert found in your Genova sample collection pack box.

REGISTER FOR THE PATIENT RESOURCE CENTER AT WWW.GDX.NET/PRC

- Complete health surveys
- Make payments
- Access test results

GENOVA DIAGNOSTICS

Call **800.522.4762** or visit our website at **www.gdx.net**

GASTROINTESTINAL 3 DAY COLLECTION

PATIENT SAMPLE COLLECTION INSTRUCTIONS FOR THE FOLLOWING PROFILE(S)

GI Effects Comprehensive Profile*	Stool	#2200
GI Effects Microbial Ecology Profile*	Stool	#2205
GI Effects Gut Pathogen Profile*	Stool	#2207
CDSA with Parasitology	Stool	#2001
CDSA 2.0	Stool	#2003

COLLECTION MATERIALS FOR SAMPLE

- **CAUTION: Tubes contain poisonous liquid. KEEP OUT OF REACH OF CHILDREN.**
- Tubes are under pressure. Cover tube cap with a cloth and remove cap slowly.
- For eye contact, flush with water for 15 mins.
- For skin contact, wash with soap and water.
- For ingestion, contact poison control center immediately.

REQUIRED MATERIALS

- Disposable gloves (3) (vinyl)
- Peel and stick labels
- Black disposable bags
- Absorbent pads
- Test requisition form
- Biohazard bags
- Genova sample collection pack box
- FedEx® Clinical Lab Pak and Billable Stamp
- Health survey

IMPORTANT INFORMATION BEFORE YOU BEGIN THE COLLECTION

- Test not recommended for patients under 2 years of age.
- **Wait at least 4 Weeks** from colonoscopy or barium enema before starting the test.
- Please consult with your physician before stopping any medications. Certain medications and/or supplements may impact test results.
- **2 to 4 Weeks Before the Test:**
  - » Discontinue antibiotics, antiparasitics, antifungals, probiotic supplements (acidophilus, etc.).
  - » Discontinue proton pump inhibitors (PPIs), and bismuth **14 Days prior *if adding on the H. pylori test.***
- **2 Days Before the Test:**
  - » Discontinue aspirin and other NSAIDs (i.e. ibuprofen), rectal suppositories, enemas, activated charcoal, bismuth, betaine HCL, digestive enzymes, antacids, laxatives, mineral oil, castor oil, and/or bentonite clay.
- **DO NOT collect samples** when there is active bleeding from hemorrhoids or menstruation.
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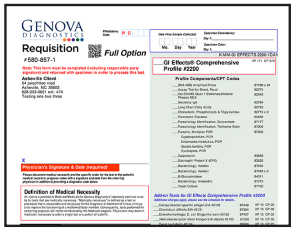
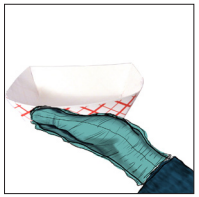


2. Using the peel and stick labels provided **record** the **patient's date of birth** and **place** a label on each of the tubes and the test requisition form.

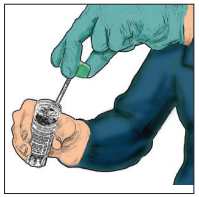
STOOL COLLECTION DAY ONE

3. **Put on** the glove.



4. **Collect** your stool sample using the enclosed collection container. **DO NOT contaminate** the sample with either urine or water from the toilet.

5. **GREEN-TOP TUBE: Remove** the cap. **Transfer** stool sample into the tube using the built-in scoop. **Collect** from different areas of the sample. **Mix** the sample with the liquid in the tube until it is as smooth as possible. **Make** sure that the liquid and sample do not exceed the FILL LINE. **DO NOT OVERFILL**. **Screw** the cap on tightly. **Shake** tube for 30 seconds.



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BLENDED SAMPLE & PRESERVATIVE CANNOT EXCEED THE RED FILL LINE

6. **Place** in biohazard bag and refrigerate. **Refrigerate** tube until ready to ship. **DO NOT FREEZE.**

7. **Dispose of remaining sample** into toilet and put collection container and glove in **black disposable bag.**

STOOL COLLECTION DAY TWO

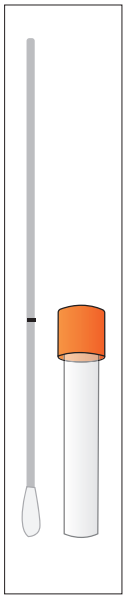
8. **Follow Steps 3 through 6** using the contents of the DAY 2 bag including the **GREEN-TOP TUBE**.

9. **Dispose of remaining sample** into toilet and put collection container and glove in **black disposable bag.**

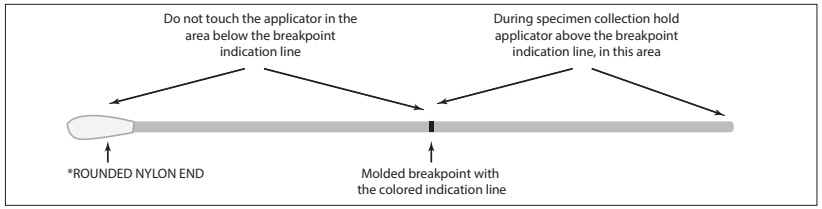
STOOL COLLECTION DAY THREE

10. **Repeat STEPS 3 through 6** with **GREEN-TOP TUBE**, **ORANGE-TOP TUBE**, **PINK-TOP TUBE, and the WHITE-TOP TUBE.**
Note: There is no liquid in the WHITE-TOP TUBE.

11. **Peel** open swab package, **remove** the tube, and place it upright. The swab should remain in the sleeve until you are ready to collect sample.



12. **Grasp** swab above the molded breakpoint which is the opposite end from the nylon applicator tip. (see diagram below)



13. **Collect** sample by inserting the **ROUNDED NYLON END*** (see above) of the swab into the stool sample and **rotate** it. **Confirm** that the swab contains fecal material. If not, repeat.

14. **Open** the swab collection tube and insert the swab. **Mash** and **mix** the rounded nylon end of the swab with stool on it against the side of the tube.

15. **Break** the swab off at the break point. **Place** the screw cap on the tube and **tighten**. **Shake** the tube. Using the peel and stick label, **write** patient's date of birth on the label and apply to the swab tube.

16. **Record the date of collection, stool consistency** (refer to chart below), and **stool color** for **Day 3 Collection only**, on the Test Requisition Form in the sample consistency , sample color, and collection date areas.

Consistancy of Stool Sample Chart

17. **Dispose of remaining sample** into toilet and put collection container and glove in **black disposable bag.**

18. **Place** all tubes in the biohazard bag and refrigerate. **Refrigerate** until ready to ship. **DO NOT FREEZE.**