

5501 Herrera Drive

Suite C

Santa Fe, NM 87507

(505)913-4160

(505) 913-3119

Physicians Plaza 1631 Hospital Drive, Suite 130 Santa Fe, New Mexico 87505 (505) 913-3110 Fax (505) 913-3119

- Stool Culture & Sensitivities (CXSTO) •Enteric Pathogens: •Campylobacter •Salmonella/Shigella
- Enterohemorrhagic E. Coli (ECOLI)
- Yersinia (CXYEN)
- Vibrio (CXVIB)
 - O&P (OVAP) •Stool for parasites •Worms
 - •Intestinal parasites
- Giardia EIA (GIARD)
- Cryptosporidia EIA (CRPAG)



Entrada Contenta Lab Rio Vista Medical Plaza 130 Mills Avenue Las Vegas, NM 87701 (505) 425-9239 Fax (505) 425-2784 Toll Free 866-320-4209

Main Laboratory 455 St. Michael's Drive Santa Fe, New Mexico 87505 (505) 913-5302 Fax (505) 913-5737

Transport Media

C&S Media (Orange Cap)

Store at Room Temp *Deliver to Lab ASAP or no later than 24 hrs after collection

Transport Media

PINK- CAPPED VIAL OF **10% NEUTRAL** FORMALIN

GREY- CAPPED VIAL OF Zn-PVA FIXATIVE

Store at Room Temp (may be refrigerated) *Deliver to Lab ASAP or no later than 24 hrs after collection

- Clostridium difficile toxin (CDIFF) must be 5 days apart
- Rotavirus (ROTAV)
- Microsporidia (MSPOR)
- PH and reducing substances (SREDU)
- **Stool Leucocytes** (STWBC only order if no culture)
- Fecal Fat (qual or quant) (FFAT)
- H Pylori Antigen (HPYLSA)



Transport Media

WHITE-CAPPED **STERILE CONTAINER**

> **Refrigerate at** 2°-8° degrees C

*Deliver refrigerated specimen to the Lab ASAP or no later than 24 hrs after collection

NOTE: Please write stool on top of lid.



1631 Hospital Drive, Suite 130 Santa Fe, New Mexico 87505 (505) 913-3110 Fax (505) 913-3119

Rio Vista Medical Plaza 130 Mills Avenue Las Vegas, NM 87701 (505) 425-9239 Fax (505) 425-2784 Toll Free 866-320-4209

455 St. Michael's Drive Santa Fe, New Mexico 87505 (505) 913-5302 Fax (505) 913-5737

3 DIFFERENT DAYS DOES NOT HAVE TO BE CONSECUTIVE DAYS. ORDER ALL AT ONCE AND IN ORDER COMMENTS, ENTER DATE OF COLLECTION OF EACH DAY. PLEASE MAKE SURE THE PATIENT WRITES THEIR DOB ON THE DARD.

Cenogenics STOOL BLOOD TEST		
For In Vitro Diagnost	tic Use	
NAME (PLEASE PRINT)		AGE
STREET OR ROOM NO.		
CITY	STATE/ZIP	
PHONE NO.		
Store at room temperature 15°C - 30°C		Protect from heat and light.

ROOM TEMPERATURE

PLEASE GIVE PATIENT THE FOLLOWING TO **COLLECT STOOL SAMPLES AND PLACE ITEMS IN A BAG FOR** PATIENT TO TAKE HOME.

Note: Make sure to make a copy of the requisition and place in the follow up folder. Also include instructions in how to collect the specimen.











