

CHECKLIST (PRIOR TO SHIPPING)

1. All Tubes

- Label tubes you've been instructed to collect by your clinician
- Label tubes with patient's first and last name, date/time of collection, and the tube number – (6 tubes for 2 hour collection – discard the additional tubes) or (8 tubes for the 3 hour collection)
- All tubes placed in Bubblewrap bags

2. Test Requisition Form with Payment

- Test Requisition Form is complete **Test is marked, patient's first and last name, date of birth, gender, and date of collection** are recorded
- Collection table** on requisition has filled out with collection times
- Payment** is included or pay online at www.gdx.net/prc
- Complete** survey online at www.gdx.net/prc

3. Return to the Laboratory

- Be sure to return the specimen within the original package and place that inside the included mailing material(s)

SHIP THE SPECIMEN(S) TO THE LAB

Specimen(s) must be returned in the Genova Diagnostics specimen collection pack.
Please refer to the shipping instruction insert found in your specimen collection pack.



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

©2017 Genova Diagnostics
IS-1051,g,pi,b-128-b,0818-SIBO

PATIENT BREATH COLLECTION INSTRUCTIONS

Small Intestinal Bacterial Overgrowth (SIBO)

GASTROINTESTINAL

The following test(s) can be collected using these instructions:

Small Intestinal Bacterial Overgrowth (SIBO) 2 hour #2306
Small Intestinal Bacterial Overgrowth (SIBO) 3 hour #2337

Test may not be processed without this information.

Test Requisition Form

Please Label:

- Patient's first/last name
- Date of Birth
- Gender
- Date of Collection

All Tubes

Please Label:

- Patient's first/last name
- Date/time of Collection
- Tube number

VERY IMPORTANT
PATIENT MUST FILL IN COLLECTION TIMES ON THE TABLE LOCATED ON THE FRONT OF THE REQUISITION. PLEASE LOCATE AND HAVE DOCUMENT AVAILABLE DURING COLLECTION!

Specimen

- Breath

Collection Materials

Additional Materials

- Labels
- 2 Bubblewrap Bags
- Test Requisition Form
- Mailing Envelope



Vacuum-sealed Tubes
(6 for 2 hour collection) or
(8 for 3 hour collection)*

Mouthpiece/
Plastic Bag**

Lactulose
Solution
(10gm)

* The white rubber seal will often be either convex or concave. Either is okay.

** There is an intentional small hole in the plastic bag to keep from overinflating.

This test is not appropriate for children under 25 pounds.

Watch the collection video at www.gdx.net/tests/prep

IMPORTANT PREP BEFORE PATIENT TAKES TEST

2-4 WEEKS BEFORE THE TEST:



- ❑ Wait 4 weeks from your last dose of antibiotics, colonoscopy or barium enema.
- ❑ Wait at least 2-4 weeks from your last dose of antifungals, Pepto-Bismol™ or herbal/natural antimicrobial products.

7 DAYS BEFORE THE TEST:



- ❑ **Avoid the use of laxatives**, stool softeners, and/or stool bulking agents as well as antacids containing aluminum or magnesium hydroxide.

24 HOURS BEFORE THE TEST:



- ❑ **Foods you CAN eat before you start your 12 hour fast:** Baked or broiled chicken, fish or turkey (salt and pepper only), white bread (only), plain steamed white rice, eggs, clear chicken or beef broth with no vegetable pieces, water, plain coffee, or tea (no sugar/artificial sweeteners or cream).
- ❑ **Vegetarians** may have tofu with salt and pepper.
- ❑ **Do not take probiotics.**

12 HOURS BEFORE THE TEST:



- ❑ **Fast for 12 hours prior to the test.** Do not eat or drink anything other than water for 12 hours prior and during the test.
- ❑ **Do not take non-essential medications or supplements** until the test is completed, unless your physician has advised you otherwise. Do not chew gum, eat candy, or use mouthwash until the test is completed.

1 HOUR BEFORE THE TEST:



- ❑ **No smoking**, including second-hand smoke, for at least 1 hour before or at any time during the breath test.
- ❑ **No sleeping** or vigorous exercise for at least 1 hour before or at any time during the breath test.
- ❑ **Do Not Use Toothpaste.**

Important Things To Know And Consider:

This test uses lactulose; since lactulose contains galactose and lactose, it is not recommended for individuals who have had allergic reactions to lactulose, or who are on a galactose/ lactose-restricted diet. It should be used with caution in diabetics.

Do not open, remove, or loosen tops of collection tubes—this will break the vacuum and make it impossible to perform your test. **Do not stick your finger** into the mouthpiece/plastic bag – there is a sharp needle inside.

We do not suggest collecting during an acute infectious illness.

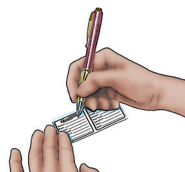
This collection is extremely time-sensitive. You need to carefully plan the morning around these timed collections. An uninterrupted 2 or 3 hours is ideal.

Use the Breath Collection Schedule Table on the front of the Requisition to help you schedule your collection times. **Be sure you fill in the Table as the test progresses.**

Special Instructions for patients weighing 100 pounds or less:
Follow the instructions on the blue bag for rolling and stapling the bag in accordance with weight. (Note: stapling will not damage the bag or affect the results).

BREATH COLLECTION

- To ensure accurate test results you must provide the requested information.**
Write patient's first/last name and the tube number (1 - 6 (or 8) in order of collection) on the tube labels provided. Write patient's first/last name, date of birth, gender and date of collection on the Test Requisition Form.
- Stir the Lactulose solution into 8 ounces of water. Set aside until after you have completed your first breath collection. **Brush your teeth and tongue** (including the back of your tongue) **without using toothpaste or mouthwash.** Rinse your mouth with water.
- Take the first collection tube and apply the label to the tube. Be sure to **record the time and date of collection to the label** and **the collection time** on the **Breath Collection Table** (located on the requisition).



For full details refer to: www.gdx.net/tests/prep (collection video available)

- Pick up** the mouthpiece/plastic bag in one hand and Tube 1 in your other hand.
- Breathing normally, inhale and hold for 5 seconds.** Then close your mouth tightly around the mouthpiece and exhale normally into the plastic bag until it fills completely. **Do not blow hard.**
- Continue to exhale normally** with the bag expanded, and press the specimen tube into the side part of the mouthpiece. The needle will puncture the tube's self-sealing membrane allowing air to fill the tube. **Do not inhale at any point.**
- Remove the tube** within 2 seconds of puncturing. **You may stop exhaling** into the mouthpiece. **Do not unscrew** the cap on the collection tube. **Place** the tube in the bubblewrap bag.
- Immediately drink** the Lactulose solution before continuing with the rest of the breath test. **Drink** the entire amount within 5 minutes. **Do not drink water** for 1 hour after you drink the solution.



- Repeat** steps 3-7 for each breath collection, using the remaining tubes and labels 2-6, in order and according to the collection schedule. **Record** times on Collection Schedule found on the Test Requisition. (see image) →

Please Record Your Collection Times in the Blank Fields

Specimen Interval	RECORD COLLECTION TIMES	RECORD TIMES	EXAMPLE
SAMPLE 1 @ 0 min	8:05	AM/PT	8:00 AM
SAMPLE 2 @ 20 min	8:25	AM/PT	8:20 AM
SAMPLE 3 @ 40 min	8:45	AM/PT	8:40 AM
SAMPLE 4 @ 60 min	9:05	AM/PT	9:00 AM
SAMPLE 5 @ 80 min	9:25	AM/PT	9:20 AM
SAMPLE 6 @ 100 min	10:05	AM/PT	10:00 AM
ONLY COLLECT/RECORD TIMES BELOW IF USING THE 2 HOUR TEST			
SAMPLE 7 @ 120 min	10:35	AM/PT	10:30 AM
SAMPLE 8 @ 140 min	11:05	AM/PT	11:00 AM

- STOP HERE IF USING THE 2 HOUR COLLECTION!**
Discard the remaining tubes.

- CONTINUE TO STEP 10 IF USING THE 3 HOUR COLLECTION**
- Repeat** steps 3-7 for each breath collection, using the remaining tubes and labels 7-8 in order and according to the collection schedule.