

CLOSTRIDIUM DIFFICILE (C. DIFF) TESTING

Answer the following then send completed form to the lab with sample:

1. Length of stay: _____
2. Has the patient had 4 or more loose/liquid stools in past 24 hours? **YES** **NO**
3. Has patient had recent antibiotic use or colon surgery? **YES** **NO**
4. Is patient taking laxative/stool softeners/lactulose? **YES** **NO**
5. Is this the first Cdiff or GIPanel for this patient in past seven days? **YES** **NO**

Name of staff member completing _____

Signature

Date / Time

SUBMIT COMPLETED FORM TO THE LABORATORY

WITH ALL C. DIFF STOOL SAMPLES INCLUDING GI PATHOGEN PANELS