CLOSTRIDIUM DIFFICILE (C. DIFF) TESTING

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

1. Has the patient had 4 or more loose/liquid stools in past 24 hours?   **YES   NO**

2. Has patient had recent antibiotic use or colon surgery?   **YES   NO**

3. Is patient taking laxative/stool softeners/lactulose?   **YES   NO**

4. 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