






Collection and Ordering Instructions for Infectious Diarrhea Specimens

Note: For use with the **updated Interior Health requisition**, identifiable by the footer date “Jan 5-26”.
 For IH USE ONLY. If collecting specimens to submit to non-Interior Health labs, please refer to collection instructions for that lab site.

STOOL TESTING				
Who to test: 3 or more loose stools in 24 hours, which is more than baseline and that cannot be attributed to another cause (eg: laxatives)				
Inpatient/ED Medtech Orders	When to Order	Pathogens Included	Collection Container	Outpatient Laboratory Requisition Request
Stool C. difficile Toxin	Primary suspicion of <i>C. difficile</i> * OR Patient admitted ≥3 days	<i>C. difficile</i> (antigen assay)	Sterile container 	STOOL TESTS <input checked="" type="checkbox"/> one only (IDP includes <i>C. difficile</i> testing) <input type="checkbox"/> Infectious Diarrhea Panel <input checked="" type="checkbox"/> <i>C. difficile</i> testing
Stool Bacteria/Cdif/ Viral/Para	ED patient, outpatient or patient admitted < 3 days AND Broad differential diagnosis for cause of diarrhea	<i>C. difficile</i> GI bacteria (<i>Campylobacter spp</i> , <i>Salmonella spp</i> , <i>Shigella spp</i> , Shiga toxin producing <i>E. coli</i> including O157, <i>Vibrio spp</i>) GI viruses (Norovirus, Rotavirus, Astrovirus, Sapovirus) GI parasites (<i>Cyclospora</i> , <i>Cryptosporidium</i> , <i>Entamoeba histolytica</i> , <i>Giardia lamblia</i>)	Copan Fecal Swab 	STOOL TESTS <input checked="" type="checkbox"/> one only (IDP includes <i>C. difficile</i> testing) <input checked="" type="checkbox"/> Infectious Diarrhea Panel <input type="checkbox"/> <i>C. difficile</i> testing
Stool Norvirus/other GI Virus	Primary suspicion of viral gastroenteritis (eg: vomiting and diarrhea) OR Outbreak suspected	GI viruses (Norovirus, Rotavirus, Astrovirus, Sapovirus)	Copan Fecal Swab  OR BCCDC Outbreak container 	For outbreak specimens, submit the BCCDC Gastrointestinal Disease Outbreak Requisition Section 4 - Test Information TEST REQUESTED <input checked="" type="checkbox"/> Viral / Bacterial Outbreak Test (do not use SAF vial) <input type="checkbox"/> Ova & Parasitic Test (use SAF vial) <input type="checkbox"/> Other, specify: _____
Stool Microscopy (Parasite) SAF	Patient suspected of having a rare parasite infection due to: Routine panel being NEGATIVE for parasites AND Patient has history or recent travel or immigration from low- or middle-income country OR Patient is severely immunocompromised	Stool ova and parasites	SAF Fixative 	In the OTHER TESTS section, write “Stool Microscopy” OTHER TESTS stool microscopy