

University Medical Associates  
 UofL Health Care Outpatient Center  
 401 E Chestnut Street  
 Louisville, KY 40202  
 Phone 502-584-8563  
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Patient/Donor Name \_\_\_\_\_

Patient DOB \_\_\_\_\_

Date/Time \_\_\_\_\_

| <b>Stool Donor Testing</b>  |   |  |  |
|---|---|--|--|
| <b>CONSENSUS ORDER</b>  | <b>Donor Screening Recommendations for FMT</b>                            |  |  |
|   | <b>Donor Serologic</b>  | CDM  |  |
| x   | HIV 1 - 2 Antibody/p24 Antigen  | 71993679   | New HIV test   |
| x   | Hep A IgM Antibody  | 36010734   | New CDM: 71993703  |
| x   | HBsAg   | 36786135   | New CDM: 71993760  |
| x   | Hep C Antibody  | 36955565   | New CDM: 71993778  |
| x   | Syphilis RPR  | 71449649   |  |
|   |   |  |  |
|   | <b>Donor Stool</b>  |  |  |
| x   | Full ova and parasites w/stain  | 71750343<br>71362032   | Total Fix Transport  |
| x   | Cyclospora  | 71000632   | Total Fix Transport  |
| x   | Isospora  | 71000657   | Total Fix Transport  |
| x   | Microsporidium  | 71000053   | Total Fix Transport  |
| x   | Giardia / Cryptosporidium antigen   | 71000806<br>71000798   | Total Fix Transport  |
| x   | C. difficile Antigen & Toxin A/B  | 71993182<br>71993166   | Leave in original container  |
| x   | H pylori Ag   | 36912889   | Send out   |
| x   | Rotavirus Antigen   | 71455240   | Leave in original container  |
| x   | VRE Culture   | 71000897   | VACC   |
| x   | Stool Culture - Fecal Transplant:<br>Includes the following listed below: | Parent CDM - 71993604<br>Order this and the following<br>CDMs charge |  |
|   | Stool Culture -MRSA   |  | BAP  |
|   | Stool Culture -Listeria   | 71000749   | CNA  |
|   | Stool Culture -Campylobacter  | 71000749   | Campy  |
|   | Stool Culture -Yersinia   | 71000749   | HE   |
|   | Stool Culture -Salmonella   | 71718910   | MAC  |
|   | Stool Culture -Shigella   | 71993240   | MAC - room temp  |
|   | Stool Culture -E. coli O157 H7  | 71993232   | GN Broth   |
| <b>Optional Tests per Physician Discretion</b>  |   |  |  |
|   | <b>Donor Serologic</b>  |  |  |
|   | ±HTLV I/II  | 36915510   | Send out   |
|   | <b>Donor Stool</b>  |  |  |
|   | ±Norovirus PCR  | 36921229   | Send out   |
|   | ±Adenovirus PCR   | 36971877   | Send out   |
|   | ±Vibrio Culture (per donor hx)  | 71000749   | BAP or TCBS if available -<br>ordered as needed, part of<br>stool cx |
|   | Stool Culture -Identification   | 71811590   | As needed  |
|   | mecA (MRSA confirmation)  | 71000558   | As needed  |
| Ordering Physician Printed Name _____<br><br>Ordering Physician Signature _____<br><br>Date _____ |   |  |  |