


Please refer to the MML Test Catalog for the specific test information.

Visit www.mayomedicallaboratories.com for the most up-to-date test and shipping information.

Container Label and Required Information:

- Each container has the following label affixed.



Biohazard

MML Stool Collection Container

Only Fill Container to this Line

Complete ALL collection information below:

Duration: 24 hrs 48 hrs 72 hrs
 Random Other _____

Is this the entire collection? Yes No*

*If No, this is container # ____ of ____ (i.e., 1 of 3)

<<**REQUIRED** – Ship all containers from this collection at the same time>>

Place label with patient information here or write name below.

MC1235-30rev1107

- At the time the container is given to the patient:
 - Place a label with patient information on the container or write the patient name in the box.
 - Review testing and specimen requirement information with the patient
 - Collection duration
 - Diet requirements
 - Collection and storage of the specimen until it is returned
 - Instruct patient not to fill any container more than 3/4 full (to the indicated line on the label).
 - Provide the patient with information on how to obtain additional containers if necessary.
- At the time the patient returns the container, complete the following information on the label:
 - Check the box for applicable duration. If timed duration is other than those listed, check the "other" box and list the duration on the line provided.
 Other _____
 - Indicate if the entire collection is contained in one container or in multiple containers. If multiple containers, indicate the number of each container (i.e. 1 of 3).