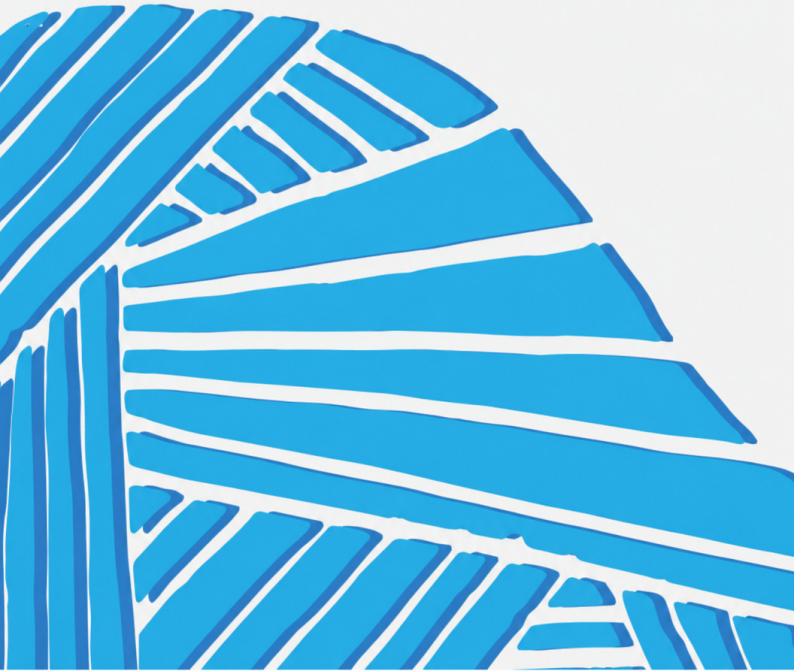
GastroLife
www.gastrolife.ie

# HELICOBACTER PYLORI STOOL ANTIGEN TEST

## Test Instructions



# WELCOME

Thank you for purchasing your H. pylori stool antigen test.
This booklet explains how to collect, pack and return your sample.
Please read all instructions carefully before you begin.



# YOUR TEST KIT

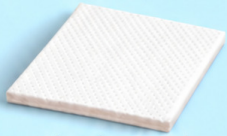
Please check that your kit contains the following items.



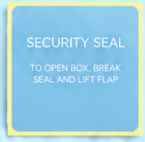
Prepaid return box




Biohazard bag



Absorbent pad



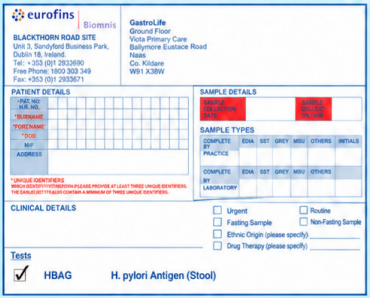

Blue security seal




Sample container



Collection mat




Test request form




Instruction booklet

# BEFORE YOUR TEST

## H. pylori stool antigen test preparation

Some medicines can affect your test result. Read these instructions before collecting your sample.




### 4 WEEKS

No antibiotics for four weeks before sample collection.




### 14 DAYS

No proton pump inhibitors (PPIs) for 14 days.
Examples: omeprazole, esomeprazole, lansoprazole, pantoprazole and rabeprazole.




### 3-4 DAYS

No H2 antagonists for 3-4 days.
Examples: cimetidine and famotidine.



**Do not discontinue any prescribed medication without consulting your GP.**

# PLAN YOUR COLLECTION

Collect your sample in the morning, Monday or Tuesday only.

| MON | TUE | WED | THU | FRI | SAT | SUN |
|---|---|---|---|---|---|---|
| ✓ | ✓ | | | | | |



# POST IT THE SAME DAY

Post your sample on the day you collect it, in time for the next postal collection.



Return your sample directly to Eurofins Biomnis, Blackthorn Road, using the prepaid return box.

**Do not post or deliver your sample** to a GastroLife clinic.

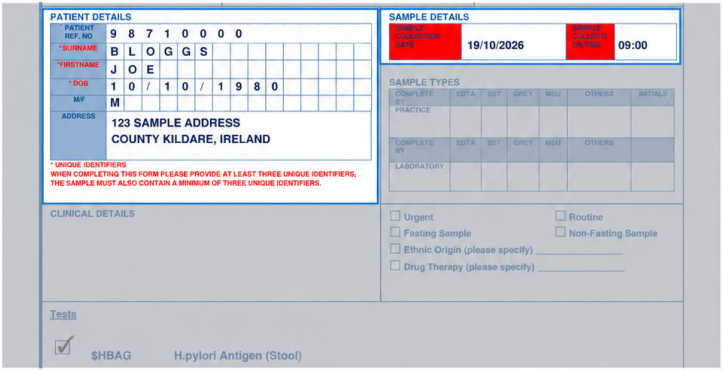
# YOUR TEST REQUEST FORM

## Please fill in the following fields on your form:

- First name
- Surname
- Date of birth
- Sex
- Address
- Sample collection date
- Sample collection time

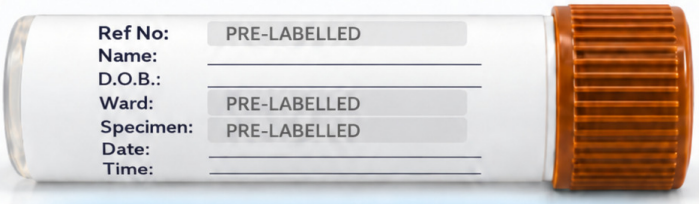
**The reference number is already pre-labelled.**

Leave all other sections untouched.



# LABEL YOUR SAMPLE CONTAINER

Write clearly on the label attached to your sample container.




**Example label**

| | |
|---|---|
| **Ref No:** | PRE-LABELLED |
| **Name:** | JOE BLOGGS |
| **D.O.B.:** | 10/10/1980 |
| **Ward:** | PRE-LABELLED |
| **Specimen:** | PRE-LABELLED |
| **Date:** | 19/10/2026 |
| **Time:** | 09:00 |

1. Enter your first and last name in the Name field, and your date of birth in D.O.B.
2. Enter the date and time you collected your sample.

Ref No, Ward and Specimen are already labelled.
Leave these labels in place.

The details on the container must match your test request form.

# PREPARE TO COLLECT YOUR SAMPLE

1. It is best to collect your sample from your first stool of the day. Try not to urinate while passing your stool sample. If possible, empty your bladder beforehand.



2. Unfold the collection mat supplied in your kit.



3. Position the collection mat to catch the stool before it reaches the toilet water.



Alternatively, line the toilet bowl with tissue paper to catch your sample. Keep the tissue and sample above the toilet water.

**Keep your sample free from urine and toilet water. Do not flush the collection mat down the toilet.**

# COLLECT YOUR STOOL SAMPLE

**Pass your stool onto the collection mat or tissue paper you have prepared.**



- Keep the sample on the collection surface.
- Do not allow urine or toilet water to mix with your sample.
- Leave the sample on the mat or tissue paper while you prepare the container.

**If your stool sample falls into the toilet water, do not collect it.**

# OPEN THE SAMPLE CONTAINER

**Check that your label is complete before you begin.**

**1**

**Hold the container upright and twist the brown cap anticlockwise to open it.**




**2**

**Lift out the cap with the scoop attached.**




**The scoop is attached to the cap. Do not detach it.**

**You are now ready to transfer your sample.**

# TRANSFER YOUR SAMPLE

**1**

Use the scoop attached to the brown cap to collect some stool from the mat or tissue paper.



**2**

Carefully transfer the stool into the container. Repeat to add several scoops.




**3**

Please ensure that you dispose of your collection mat. Do not flush it down the toilet. Do not include the soiled collection mat with the returned kit, as your sample will be rejected due to contamination.

**Several scoops are required. Do not overfill the container.**

# CLOSE YOUR SAMPLE CONTAINER

**1** Return the scoop to the container and screw the brown cap on tightly.




**2** Check that the cap is secure. Do not reopen the container.




**3** Wash and dry your hands thoroughly.



**Your sample is now ready to be packed for return.**

# PACK YOUR SAMPLE

**1** Place the securely closed sample container into the biohazard bag.




**2** Add the absorbent pad to the same bag.




**3** Press the seal firmly closed across the full width of the bag.



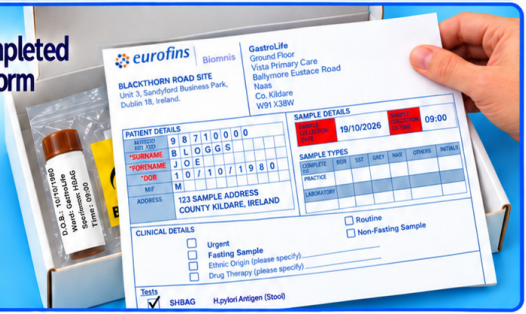

The container and absorbent pad must both be inside the sealed bag.

# SEAL YOUR RETURN BOX

**1** Place the sealed biohazard bag into the prepaid return box.




**2** Add your completed test request form to the box.




**3** Close the box and secure it with the blue security seal.




Check that both the sample bag and completed form are inside before sealing.

# FINAL CHECKLIST

## Before returning your sample, check that:

- Your container label is complete and matches your test request form.
- The brown cap is tightly closed.
- The container and absorbent pad are inside the sealed biohazard bag.
- Your completed test request form is inside the return box.
- The box is closed and secured with the blue security seal.

# RETURN IT THE SAME DAY

Collect and post your sample on Monday or Tuesday morning, in time for the next postal collection.




Send your sample directly to Eurofins Biomnis, Blackthorn Road, using the prepaid return box.
Samples can also be hand-delivered to Eurofins Biomnis, Blackthorn Road.

No stamp is needed when posting within the Republic of Ireland.
**Do not post or deliver your sample to a GastroLife clinic.**

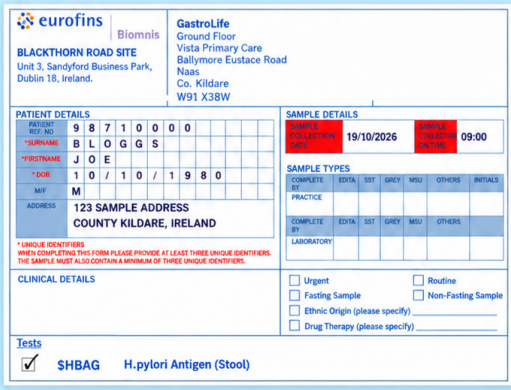
# IMPORTANT BEFORE YOU RETURN

## Your sample tube must be fully labelled, and a completed test request form must be included.




## Complete your sample tube label.

Add your full name, date of birth, collection date and collection time.



eurofins | Biomnis

**BLACKTHORN ROAD SITE**
Unit 3, Sandyford Business Park,
Dublin 18, Ireland.

**GastroLife**
Ground Floor
Vista Primary Care
Ballymore Eustace Road
Naas
Co. Kildare
W91 X38W

**PATIENT DETAILS**

| | |
|---|---|
| PATIENT REF. NO | 9 8 7 1 0 0 0 0 |
| *SURNAME | B L O G G S |
| *FIRSTNAME | J O E |
| * DOB | 1 0 / 1 0 / 1 9 8 0 |
| M/F | M |
| ADDRESS | 123 SAMPLE ADDRESS<br>COUNTY KILDARE, IRELAND |

* UNIQUE IDENTIFIERS
WHEN COMPLETING THIS FORM PLEASE PROVIDE AT LEAST THREE UNIQUE IDENTIFIERS.
THE SAMPLE MUST ALSO CONTAIN A MINIMUM OF THREE UNIQUE IDENTIFIERS.

**SAMPLE DETAILS**

SAMPLE COLLECTION DATE: 19/10/2026 SAMPLE COLLECTION TIME: 09:00

**SAMPLE TYPES**

| COMPLETE BY | EDTA | SST | GREY | MSU | OTHERS | INITIALS |
|---|---|---|---|---|---|---|
| PRACTICE | | | | | | |
| COMPLETE BY | EDTA | SST | GREY | MSU | OTHERS | |
| LABORATORY | | | | | | |

**CLINICAL DETAILS**

☐ Urgent ☐ Routine
☐ Fasting Sample ☐ Non-Fasting Sample
☐ Ethnic Origin (please specify) _____
☐ Drug Therapy (please specify) _____

**Tests**

☑ $HBAG H.pylori Antigen (Stool)

## Include your completed test request form.

Check that the details match the sample tube.

**A retest fee will apply** if your sample tube details are incomplete or a completed test request form is not included.

**Please check both carefully before sealing your return box.**