

SIBO Patient Record



Patients: Please complete all shaded sections of this form.

Complete this form and include with completed samples.

Name:		Date Collected:	
DOB:		Date Sent:	
Provider:		Date Analyzed:	

Sample	Clock Time	ppm H ₂	ppm CH ₄	CO ₂ %	Corr.
1. Baseline					
<p>** After taking the baseline sample, consume the lactulose solution within 5 minutes. Record the time finished below. * Immediately after finishing the drink, start a timer for 20 minutes. Then take sample #2.</p>					
<i>Exact time drink finished:</i>		* Continue to take breath samples at 20 minute intervals from the time finished.			
2. 20 min.					
3. 40 min.					
4. 60 min.					
5. 80 min.					
6. 100 min.					
7. 120 min.					
8. 140 min.					
9. 160 min.					
10. 180 min.					

Strict compliance to the preparatory diet & guidelines is required to ensure the most accurate and reliable results.

(See reverse side of this sheet)

The grey sheath covering the needle is a safety feature – DO NOT REMOVE.

Any symptoms experienced during the test should be reported to your provider.

If VOMITING occurs during the test please indicate the TIME here: _____

Thank you!

Results will be sent to the ordering physician within 2 weeks of receipt of the completed kit. To send results to another provider or to obtain a copy for your own records, please visit www.sibocenter.com to download the Release of Information form and fax the request to 503.444.6709.