

Patient Record

1. Read the Preparation Guidelines on the back of this form *before* beginning the test.
2. **DO NOT REMOVE the grey sheath covering the needle. This is a safety feature.**
3. Please complete all shaded sections of this form and the patient checklist below.

Name: <input style="width: 90%;" type="text"/>	Date Collected: <input style="width: 90%;" type="text"/>
DOB: <input style="width: 90%;" type="text"/>	Phone #: <input style="width: 90%;" type="text"/>
Provider: <input style="width: 90%;" type="text"/>	Date Analyzed: <input style="width: 90%;" type="text"/>

Sample	Clock Time	ppm H ₂	ppm CH ₄	CO ₂ %	Correction Factor
1. Baseline					
** After taking the baseline sample, consume the lactulose solution within 5 minutes.					
Record exact time solution finished:		** Immediately after finishing the solution, start a timer for 20 minutes.			
** Continue to take breath samples at 20 minute intervals from the time you finished the solution.					
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.					

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

If **VOMITING** occurs during the test, record the exact time here (*leave blank if this did not occur*):

	Yes	No	
<u>PATIENT</u>	<input type="checkbox"/>	<input type="checkbox"/>	Followed all prep diet guidelines for 24 hours before the test (or as directed by provider)
<u>CHECKLIST:</u>	<input type="checkbox"/>	<input type="checkbox"/>	Fasted for 12 hours before beginning test
	<input type="checkbox"/>	<input type="checkbox"/>	Awake for 1 hour before beginning test and did not sleep at all during the test
	<input type="checkbox"/>	<input type="checkbox"/>	Abstained from any smoking, second-hand smoke & exercise 1 hour before test and during the test
	<input type="checkbox"/>	<input type="checkbox"/>	Did not consume anything other than plain water while fasting and during the test

Explain all "No" answers:

Check here if you need a **billing statement** for insurance reimbursement:

If yes, send statement by: email mail fax: _____

Preparation Guidelines for the SIBO Breath Test

Strict compliance to the preparation guidelines is required to ensure the most accurate and reliable results.

2 WEEKS BEFORE YOUR TEST

- **DO NOT** perform this test within 2 weeks of atypical diarrhea (i.e. when diarrhea is not a typical symptom for you).
- **DO NOT** undergo colonoscopy, enemas or colonics.
- **Finish** taking any antibiotics or antifungals (*exception: for those who are retesting following SIBO treatment with antibiotics or antifungals, follow your provider's advice on the recommended time to take the post-treatment test*).

4 DAYS BEFORE YOUR TEST

Avoid all laxatives. This includes any supplements, teas or foods taken *specifically to produce a laxative effect*.

24 HOURS BEFORE YOUR TEST – BEGIN PREP DIET (*please note: some providers increase the length of the prep diet to 48 hours*)

Consuming anything outside of these guidelines during the prep diet and test may affect your test results.

- **Avoid all non-essential medications and supplements during the prep diet.** Please consult with your provider about which medications are essential (medically necessary). *We cannot provide medical advice on what to take/not take.*
- **Below are the ONLY acceptable foods to consume during the preparation diet. DO NOT consume any foods not on this list.**
 - Any fresh beef, pork, seafood, fish, chicken or other poultry (no sausages, cured meats, or other prepared items)
 - Any type of plain white rice, including rice noodles only made with white rice or white rice flour. Do not consume rice in larger quantities than you typically consume. ***If you are on a grain-free diet do not consume rice during the prep diet.***
 - Eggs
 - Clear meat broth (no bouillon, bone/cartilage broth, or vegetable broth)
 - Pure fats or oils (all oils such as 100% coconut oil, butter, olive oil, ghee, vegetable oil, etc.)
 - Salt and pepper
 - Weak black coffee and/or weak black tea (plain, with no sweeteners or cream). NO green tea or herbal teas.
 - Plain water (no sparkling, mineral or flavored water)
- For example meals for the preparatory diet, please view this sample menu: sibocenter.com/2016/03/sample-prep-diet-menu/

12 HOURS BEFORE YOUR TEST (*included within the 24 hour prep diet*)

Begin fasting. Avoid all food and drinks except for plain water. Diabetic and pregnant patients should consult with their provider to determine whether fasting is safe to do for this test.

THE DAY OF YOUR TEST

- Wake up at least 1 hour prior to beginning the test.
- You may brush your teeth as usual before the test, and consume plain water before and during the test.
- Do not smoke or exercise vigorously for at least 1 hour prior to the test and during the test.

BEFORE STARTING YOUR TEST

- Read all the instructions provided in the SIBO test kit and view step-by-step testing videos: sibocenter.com/test-videos
- For answers to frequently asked questions, visit: <https://sibocenter.com/2016/03/during-the-test/>
- For patients under 100 pounds, please refer to the instructions on the blue bag of the breathing device.
- Number your tubes from 1-10 (*please do not follow the numbering in the Quintron handout*).

SHIPPING YOUR COMPLETED TEST

- Complete the Patient Record form and return it along with the sample tubes in the original white kit box. ***Please discard all other materials.*** Tubes should be packed in the bubble wrap bags (five tubes per bag). Each tube should have a label with the sample number (#1-10), your full name, and the date and time samples were collected.
- Ship your completed kit back to the NUNM SIBO lab with the enclosed free return shipping label. Place the shipping label over the original shipping label. **Do not add any extra tape to the outside of the box.**
- Mail your kit promptly after taking the test to ensure arrival at the NUNM SIBO Lab within 2 weeks of completion.
Samples expire 14 days after they are collected and may be invalid after 14 days.

RESULTS OF YOUR TEST

- Results will be sent to the ordering provider no later than 2 weeks from the date we receive your completed test kit.
- To send results to another provider or obtain a copy for yourself, a signed authorization form is required. Download the "Release of Information" form at sibocenter.com/sibo-forms and include with your returned kit, or fax to 503-444-6709.