

# 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 <sub>2</sub>	ppm CH <sub>4</sub>	CO <sub>2</sub> %	Corr.
1. Baseline					
<p><b>** After</b> taking the baseline sample, consume the lactulose solution within 5 minutes. Record the time finished below.  <b>* Immediately</b> 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 <b>20 minute intervals from the time finished.</b>			
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 [sibocenter.com](http://sibocenter.com) to download the Release of Information form and fax the request to 503.444.6709.*