**Fecal Cytokine**

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| **SIGN**  **(NOT ENTERED)** | **Instructions: Complete this form after each fecal cytokine stool is collected.**  **To be data entered after all specimens have been collected.** | | | |
|  | 1 | **Week 06** (-3 days) stool collected?  (specimen BVC-SID-13-01) | 1 = Yes 2 = No | |\_\_\_| |
|  | 1a. If yes, date of stool collection  **(If stool not collected, enter 09/09/99)** | |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_|  *D D M M Y Y* | |
|  | 1b. Fecal cytokine requisition sheet completed by? (Staff code) | |\_\_\_||\_\_\_||\_\_\_| | |
|  | 2 | **Week 06** (+ 1-3 days) stool collected?  (specimen BVC-SID-13-02) | 1 = Yes 2 = No | |\_\_\_| |
|  | 2a. If yes, date of stool collection  **(If stool not collected, enter 09/09/99)** | |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_|  *D D M M Y Y* | |
|  | 2b. Fecal cytokine requisition sheet completed by? (Staff code) | |\_\_\_||\_\_\_||\_\_\_| | |
|  | 3 | **Week 10** (+ 1-3 days) stool collected?  (specimen BVC-SID-13-03) | 1 = Yes 2 = No | |\_\_\_| |
|  | 3a. If yes, date of stool collection  **(If stool not collected, enter 09/09/99)** | |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_| / |\_\_\_||\_\_\_|  *D D M M Y Y* | |
|  | 3b. Fecal cytokine requisition sheet completed by? (Staff code) | |\_\_\_||\_\_\_||\_\_\_| | |