

## **Gastric or Duodenal Biopsy Collection Checklist for Helicobacter Culture**

**Guidelines for Physicians** 

Notes:	<ul> <li>Helicobacter culture for susceptibility testing is only performed if a history of treatment failure is indicated.</li> <li>If a pathology diagnosis is required, submit a separate biopsy sample (in formalin) with an Acute Care Pathology requisition and send to CLS Anatomic Pathology.</li> </ul>	SLI Label (Lab Use Only)			
To sulture Heliopheater nulerifrom gentric bioneice, places complete the following checklist					

## To culture *Helicobacter pylori* from gastric biopsies, please complete the following checklist:

Materials Required:	(con and Obt hos • Al ar tra	bylori Collection Kit tains Portagerm transport media, requisitions, collection check biohazard bags) tain the collection kit from the APL Accession in you pital <u>the day before the procedure.</u> ternatively, Tryptic Soy Broth (TSB) media can be nd will be distributed in the event the PortaGerm ansport media is unavailable. Process for collection	ur used	RE 42001 PORT-P11 POR		
Patient History:		e same as for Portagerm transport media. Patient has recurrent failure after appropriate <i>H. j</i>	o <i>ylori</i> treatr	nent		
	Patie	ent discontinued use of the following groups of medications:	Minimum	If not, state how long		
		Proton pump inhibitors (H+, K+ - ATPase Inhibitor):	14 days			
		Antibiotics:	28 days			
		Bismuth preparations (e.g. Peptol Bismol):	14 days.			
Before collecting the sample:	Allow transport media to warm to room temperature prior to collecting samples					
Sample Collection:	<b>Col</b>       	<b>lect two double-bite biopsies:</b> One from the Antrum near pylorus One from the Gastric body (greater curvature) Place each biopsy into its <b>own transport media</b>	container			
Sample Labelling:		<u>Label</u> all specimens with patient full first and last name, Personal Health Number (PHN) or Medical Record Number (MRN) <b>AND body site of biopsy</b> (antrum or gastric body)				
		Place each biopsy into a <b>separate</b> biohazard bag	9			
Complete the Requisition:		<ul> <li>Requisitions are provided in the kit for each specimen site. Label each requisition with:</li> <li>Patient label providing full first and last name, PHN or MRN</li> <li>Ordering physician information</li> <li>Date (yyyy/mm/dd) and time of collection</li> </ul>				
		Place requisition in the outside pocket of the resp completed checklist in one of the biohazard bag				
		Transport samples STAT to the APL Laboratory ed at Calgary Microbiology at the Diagnostic an within 2 hours of collection	d Scientifi			
Questions? Call Alberta Precision Laboratories at 403-770-3600						