

Bioscreen Test Kit (Startrack)

Procedure for Sample Collection, Parasite Testing

Collect and Post specimens only on **Monday**.

Do not dispatch a sample if there is a **Public Holiday** scheduled within the next 4 days (for Victorian Public Holidays, see end of Document). Please check for your states Public Holidays.

Your sample must be packaged carefully to ensure the preservation of all the organisms in your sample.

Samples that are incorrectly packaged will be rejected by the laboratory as being unsuitable for testing. If a recollection is required, you will be charged for the cost of a replacement kit (\$94).

Contents of the Parasite Test Kit

1. Three gel freezer packs must be frozen for at least **24 hours** prior to use:
THE FREEZER PACK MUST BE FROZEN ABSOLUTELY FLAT.
2. Patient questionnaire form (part of this booklet).
3. One specimen container. The specimen container is a clear plastic jar with a white screw cap lid. Please write your name, date of birth and the collection date on the label.
4. One airtight transparent plastic bag with a zip lock type seal.
5. One disposable glove (discard after use).
6. One absorbent tissue, please return inside the polyurethane box, it is used to absorb any slight leakage or condensation.
7. Two interlocking liners.
8. One cardboard outer box. **DO NOT DISCARD**. The box is needed for the return of your sample.
9. One pre-printed StarTrack label for the return of your sample. Please keep the label in a safe place, if the label is lost you will be charged \$30 for a replacement label. **This label must be signed before sending the kit back.**

Antibiotics / Probiotics / Some Herbs/ Fermented Foods

Antibiotics should not be taken for 4 weeks prior to testing.

Antifungal drugs (such as nystatin) should not be taken for 2 weeks before prior to testing.

Probiotics should be stopped for 2 weeks before testing. For prescribed probiotics, please consult your health practitioner prior to collecting your sample.

Some Herbs can affect the test result. Anti-bacterial herbs such as Golden Seal, Chinese Wormwood and Olive Leaf Extract should be stopped for 2 weeks before testing.

Please avoid fermented foods for up to two weeks before your sample is collected.

Before stopping antibiotics/antimicrobial herbs please check with your practitioner to see that it is appropriate to do so.

Collecting a Faecal Sample

Post specimens only on Monday. Do not dispatch a sample if there is a public holiday scheduled within the next 4 days (Victoria, see end of Document).

1. Place the gel freezer packs in the freezer twenty-four hours before you plan to collect your faecal specimen. It is important that they are frozen flat in your freezer. There can be two gel freezer packs or three gel freezer packs depending on your location.

2.

Place one gel freezer at the bottom of the carton immediately on top of the Woolpack liner (Figure 1).



Figure 1

3. Use the disposable glove to collect your faecal sample. This may be done by collecting the faeces either on a piece of toilet paper or into a clean plastic container such as an old ice cream tub. The faeces must not come into contact with the water in the toilet bowl.
4. Using the scoop that is part of the cap of the specimen container, collect a sample of your faeces. Please fill the scoop with sample. Do not overfill the jar.
5. Replace the lid of specimen container and screw the cap onto the container. The lid has a hole to allow oxygen removal by the anaerobic sachet. **DO NOT COVER THE HOLE WITH TAPE.**
6. Place the screwed specimen container in the plastic pouch with the zip lock seal.
7. **THE ZIP LOCK SEAL MUST BE AIRTIGHT. IF THE SEAL IS NOT AIRTIGHT YOUR SAMPLE WILL BE REJECTED.**
8. Please double check that the zip lock seal is airtight, **do not re-open the seal.**
9. If the sample is collected the day before courier pick-up, store the zip lock bag containing the specimen jar in the fridge.
10. When the **faecal** sample is collected, place the absorbent tissue, the zip lock bag containing the specimen jar (Figure 3) and the remainder gel freezer packs into the cardboard box (Figure 4), then fold the interlocking liner as shown in (Figure 5).



Figure 3



Figure 4



Figure 5

11. Fold and place the patient registration form and patient questionnaire on top of the cardboard box (Figure 6). Close the lid of the cardboard box, seal it with masking tape (Figure 7).



Figure 6



Figure 7

- 12. Sign the return label. Remove the backing sheet from the pre-printed adhesive return label.
- 13. Attach the return label directly over the top of the delivery label. If you do not follow these instructions the package may be returned to you after lodgment of the pickup.
- 14. There are three options to return the sample to Bioscreen:

17.1 Option 1: Book collection with Startrack – online (Quickest and easiest)

17.1.1 Go to <https://startrack.com.au>

17.1.2 Click on “Book a pickup”

Step 1/3: Your details

17.1.3 In Type, choose “Tracking number (consignment)” from drop-down.

17.1.4 In Tracking number, type the “Tracking no” found on pre-paid Startrack label.

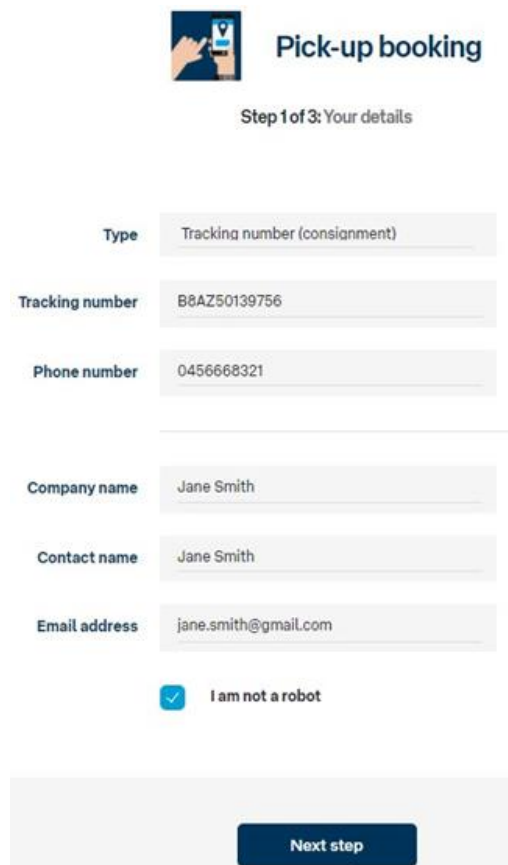
17.1.5 In Phone number, type your own mobile number.

17.1.6 In the Company name, type your own name.

17.1.7 In the Contact name, type your own name again.

17.1.8 In the Email address, insert your own email address

17.1.9 Tick the box on “I am not a robot” and then click on the “Next step” button.



Pick-up booking

Step 1 of 3: Your details

Type: Tracking number (consignment)

Tracking number: B8AZ50139756

Phone number: 0456668321

Company name: Jane Smith

Contact name: Jane Smith

Email address: jane.smith@gmail.com

I am not a robot

Next step

Step 2/3: Collection Details



Pickup booking

Step 2 of 3: Collection details

17.1.10 In Company name, insert your own name.

17.1.11 In Contact name, insert your own name again.

17.1.12 In Phone number, insert your own mobile number.

17.1.13 In Address, insert your pick-up address

17.1.14 In Collection Point, add instructions for the pick-up.

17.1.15 In Special Instructions, provide any further pick-up specifics. Ensure the pick-up location is easy to identify for the driver.

17.1.16 Tick the box "This is a Private Residence" if the collecting if from a residential address.

17.1.17 In Collection date, specify collection date (preferably a Monday), for this use the calendar.

17.1.18 Press "Next step" button.

Company name	<input type="text" value="Jane Smith"/>
Contact name	<input type="text" value="Jane Smith"/>
Phone number	<input type="text" value="0456668321"/>
Address	<input type="text" value="24 Smith Street"/> <input type="text" value="EDENSOR PARK, NSW 2176"/>
Collection point	<input type="text" value="Front porch"/>
Special instructions (Optional)	<input type="text" value="Will leave just to the inside right of the porch"/>
Special requirements	<input checked="" type="checkbox"/> This is a private residence <input type="checkbox"/> Dangerous goods
Collection date	<input type="text" value="06/06/2022"/>
My office closes at	<input type="text" value="18:00"/>

Please note:

StarTrack provide pickup services between 9am to 5pm. Where possible StarTrack will Please note that any booking requests for public holidays will be automatically rebook

Next step

[Previous step](#)

Step 3/3: Freight details

17.1.19 In Service Type, select "FPP – Fixed Price Premium" from the drop-down.

17.1.20 In Item description, select "Box."

17.1.21 In Length, type "240".

17.1.22 In Width, type "200".

17.1.23 In Height, type "170".

17.1.24 In Quantity, type "1".

17.1.25 In Total Weight, type "2".

17.1.26 In Heaviest item, type "2".

17.1.27 Please place label at either corner of face of box (not over Centre in case it splits and cannot be scanned properly.) Then Tick box "I confirm that my parcel has been packaged, labelled and ready to be picked up."

17.1. 28 Press "Make a booking" button.

Step 3 of 3: Freight details

Service type	<input type="text" value="FPP - Fixed Price Premium"/>
Item description	<input type="text" value="Box"/>
Length (mm)	<input type="text" value="240"/>
Width (mm)	<input type="text" value="200"/>
Height (mm)	<input type="text" value="170"/>
Quantity	<input type="text" value="1"/>
Total weight (kg)	<input type="text" value="2"/>
Heaviest item (kg)	<input type="text" value="2"/>
Other requirements	<input type="checkbox"/> Packaging <input type="checkbox"/> Tailgate <input type="checkbox"/> Special handling

[+ Add another item](#)

I confirm that my parcel(s) have been packaged, labelled and ready to be picked up.

Make a booking

17.2 Option 2 is to call Startrack on **13 23 45**. Then arrange a pickup and answer **No** to the question if the phone number is linked to an account. Please provide the details requested by the customer service operative, including the tracking number, phone number, contact name, pickup address, etc.

17.3 Option 3 is for remote areas only. Call Bioscreen's partner for carrier services, InXpress on:
1300 886 308

15. If there is any delay before Startrack does the pick-up, then store the correctly packed and labelled outer cardboard box in a refrigerator (note: **NOT** the freezer compartment of the refrigerator) until you are ready to leave. This delay should not be more than 8 hours (e.g., overnight).

16. You will then receive your Booking Collection no. This will also be emailed to you. Please keep this safe, should there be an issue with your collection, or it needs to be modified.

Documentation

The Patient Registration Form must be completed for a report to be issued.

Completion of the Patient Questionnaire is optional. This questionnaire is useful in providing advice to your health care practitioner. For this reason, we encourage you to complete the Patient Questionnaire.

General Enquiries

If there is anything you do not understand in this Instruction Sheet, please contact Bioscreen for more detailed information.

Telephone (03) 96873355 or admin@bioscreenmedical.com

You may deliver the Faecal Sample personally to 5 Little Hyde Street, Yarraville (Victoria). Please call us and be sure that staff will be available to accept your faecal sample.

Thank you for choosing us to serve you.

Victoria Public Holidays 2023	
Monday 2 January	New Year Holiday
Thursday 26 January	Australia Day
Monday 13 March	Labour Day
Friday 7 April	Good Friday
Monday 10 April	Easter Monday
Tuesday 25 April	Anzac Day
Monday 12 June	King's Birthday
Subject to AFL schedule	AFL Grand Final Friday
Tuesday 7 November	Melbourne Cup Day
Monday 25 December	Christmas Holiday
Tuesday 26 December	Boxing Day

Note to Patients that Obtain their Collection Kit Directly from the Practice

The usual practice is for Bioscreen to supply collections kits directly to patients.

A few Health Care Practices buy kits in bulk and supply kits to their patients. The Practice may then bill the patient for the kit. We have asked these practices to charge the same fee that Bioscreen charges for kits that are supplied directly to patients.

Our current testing fee for the Parasite test is \$182 (December 2019). If you are charged a fee that is more than \$182, we would appreciate it if you could advise us of this and we will advocate on your behalf.

Please note: Bioscreen will only give a partial refund for dispatched kits for a valid reason. Our refund policy is valid for 3 months only from the date of purchase.

Label

Parasite Test Patient Registration Form

This page must be completed and returned to Bioscreen with your sample



Patient Details

First Name:		Surname:	
Address:			
Suburb:		State:	
		Postcode:	
Email:			
Contact No:		Date of Birth:	
Collection Date:		Sex:	

Practitioner Details

First Name:		Surname:	
Address:			
State:		Postcode:	
Email:			
Contact No:		Fax:	

To the best of my knowledge the information given in these forms is correct. I understand that failure to follow the instructions given within this booklet may result in rejection of my sample and that I will be charged for a replacement kit.

Signed: _____ Date: _____

(Signature of parent or Guardian if under 16 years)

I agree to my/my child's test results being utilized in statistical research for the furthering of medical knowledge and understanding. I understand that collated statistics may be presented at scientific meetings or in medical journals but that no information that identifies me as an individual will be used.

No, I do not give my consent

BIOSCREEN USE ONLY

Date Received:

Authorised: Parasite

Notes:

Date Processed:



Patient Registration Details

Patient Name

Please list **all** prescription and non-prescription medications taken in the **5 days** prior to the sample being taken.

Please list **all** nutritional supplements (e.g. vitamins, minerals, amino acids etc) taken in the **5 days** prior to the sample being taken.

Please provide a brief summary of any illnesses, surgery or any other relevant information

