

BEFORE STARTING THE TEST

READ ALL THESE INSTRUCTIONS AND FAMILIARIZE YOURSELF WITH THE TEST PROCEDURE BEFORE STARTING THE TEST.

Test results will only be useful if samples are properly collected.

If you have any questions during test collection, please call your referring doctor or SIBO Clinic Canada.

DO NOT INSERT YOUR FINGER INTO THE TUBE HOLDER OF THE EASY SAMPLER BREATH COLLECTOR AT ANY TIME; IT CONTAINS A SHARP NEEDLE THAT IS COVERED BY A GREY RUBBER MEMBRANE, DO NOT TOUCH THIS, IT ACTS AS A SEAL TO CATCH THE BREATH EXACTLY

DO NOT LOOSEN OR REMOVE THE TOPS OF THE VACUUM-SEALED COLLECTION TUBES; THIS WILL DESTROY THE VACUUM AND MAKE THE TUBES USELESS FOR THE TEST.

IMPORTANT: ADD THE LACTULOSE TO APPROX 8OZ'S OF WATER AND MIX, DRINK IT AFTER YOU TAKE THE FIRST BASE BREATH SAMPLE!

KIT CONTENTS

- Easy Sampler with tube holder
- 10 - vacuum sealed collection tubes
- 10 - lables for the collection tubes
- 1; 15 ml dose of teva-lactulose
- 2 bubble wrap bags for the tubes after you are finished.
- Prepaid shipping information
- Instruction sheets / charting sheet / Intake form

PLACE ONLY THE TUBES AND INTAKE FORM BACK IN THE BOX, ATTACH THE RETURN LABEL TO BOX THEN SHIP BACK.

TIME NEEDED FOR TESTING

- A full 12 hours on the restricted diet followed by 12 hours of fasting
- The test will take three hours to compete
- Perform the test one hour after waking
- Samples are collected every 20 minutes for 3 hours in total
- First perform the baseline breath BEFORE ingesting the substrate/lactulose then 9 breath samples AFTER ingesting the lactulose solution
- PLEASE schedule your time appropriately

DURING THE SAMPLE COLLECTION

- 1 Make sure there is a tight enough seal around the mouth piece
- 2 REGULAR breaths only, DO NOT take deep breaths, DO NOT blow hard in the breath collection device!
- 3 Once the bag is close to fully inflated push the tube in all the way, you will feel it puncture the tube hold in for 2 seconds then pull out and move on to the next tube.

Patient Preparation Guideline For SIBO Breath Testing

This diet must be adhered to, do not consume anything other than whats mentioned here. Read all information below please!

PROCEDURES, MEDICATIONS AND SUPPLEMENTS

PRIOR TO BREATH TESTING, STOP THE FOLLOWING FOR THE REQUIRED TIMELINE:

- **At least one month prior:** colonoscopy, colonics, antibiotics, or antifungals **stop**
- PPI's are no longer required to stop, **BUT** if they could be stopped two days prior to testing it would be beneficial. **"Consult with your practitioner"**
- **At least one week prior:** promotility drugs or Laxatives
- **One day prior:** high dose magnesium or vitamin C

ONE DAY PRIOR TO TESTING, PLEASE STOP THE FOLLOWING:

- Probiotics or prebiotics or any probiotic containing product (yogurt, Yakult, fermented foods)
- Herbal antimicrobials
- Digestive aids such as enzymes or hydrochloric acid
- Any non-essential medications and supplements including probiotics 24 prior to testing and during preparation and testing period

Day of testing, avoid smoking and physical activity in the morning

Diabetic and pregnant patients, PLEASE consult with your physician prior to prep.

PREPARATION GUIDE

The purpose of this diet is to reduce food fermentation and therefore provide a clear response to lactulose.

Preparation begins 24 hours prior to testing in 2 stages of 12 hours. ***If you suffer from constipation, please allow 48 hours prior to testing.***

- Stage 1 consists of a restricted meal plan
- Stage 2 consists of fasting – only water may be consumed

Note:

- Wake up at least an hour before commencing the test
- Brush teeth as per normal but rinse with an antiseptic if possible before starting the breath test
- No smoking, including second-hand smoke, for at least 1-2 hours before or at any time during testing period
- No sleeping or vigorous exercise for at least 1 hour before or at any time during testing period
- Drinking water during the breath test is allowed in moderation
- Recent antibiotic therapy or runny diarrhea may affect the results of the breath tests – *****please consult with your health practitioner about these conditions prior to performing the test as testing may need to be rescheduled*****

ALLOWED FOOD LIST

Only consume the following for the first 12 hours, 48 hours if constipated, to ensure accuracy of test results:

- Baked or broiled chicken, fish or turkey (Salt and pepper for seasoning)
- Plain steamed white rice (Basmati or Jasmine)
- Hard aged cheese (Parmesan, Pecorino), unless sensitive to dairy
- Eggs
- Clear meat broth (not bone or vegetables)
- Olive oil or coconut oil – 1 tablespoon only, for cooking
- NO herbal teas
- Plain water – NO mineral water

SAMPLE DIET

8AM TILL 8PM: 12 or 48 hours of restricted meal plan

Breakfast: Scrambled eggs with white jasmine or basmati rice

Lunch: Chicken with white jasmine or basmati rice

Dinner: Fish and white jasmine or basmati rice

Drink: Water

7PM TILL 7AM: 12 hours fasting

****Prior to testing, watch the instructional video on the front page of our website:
www.sibocliniccanada.com***

***Retesting after antibiotic or herbal antimicrobial therapy would be recommended.**




PATIENT INTAKE FORM

Please read and check all the apply!

Patient Name: _____ Ethnicity: _____

DOB: _____ Gender: M F Body Weight: _____ lbs


Address: _____ City: _____ Prov/Sate: _____ Postal Code/Zip: _____

Phone Number: _____ Email: _____  **PRINT CLEARLY PLEASE**

(Optional) Clinic & Doctor / Practitioner Name: _____

SIBO CLINIC CANADA does not require referral forms from practitioners or doctors.

Phone Number: _____ Email: _____

Breath Collection Date: _____  Lactulose Glucose

Previous SIBO test?: **YES** **NO** If yes, date of test: _____ Results: **Positive** **Negative**

Type of treatment: Antibiotic Antimicrobials Other (please specify): _____

SYMPTOMS (Check all that apply)

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Belching | <input type="checkbox"/> Redness | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Gassy (smelling like rotten eggs) | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Bladder Pain |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Acne/Rashes | <input type="checkbox"/> Abdominal Pain |
| <input type="checkbox"/> Bloating | <input type="checkbox"/> Leaky Gut | <input type="checkbox"/> Periodontal disease & halitosis | <input type="checkbox"/> Chronic Stress |
| <input type="checkbox"/> Constipation | | <input type="checkbox"/> Fatigue | |

DISEASE/DISORDERS/HEALTH AILMENTS

Please list any diagnosed or suspected health issues you may be suffering from

• _____	• _____
• _____	• _____
• _____	• _____

Tube 1 BASE BREATH, please record here: _____

Drink Lactulose solution	Please Record Time 	
Tube #2	20 min after drink	
Tube #3	40 min after drink	
Tube #4	60 min after drink	
Tube #5	80 min after drink	
Tube #6	100 min after drink	
Tube #7	120 min after drink	
Tube #8	140 min after drink	
Tube #9	160 min after drink	
Tube #10	180 min after drink	

Samples should be received by SIBO CLINIC CANADA within 10 days of collection

SIBO CLINIC CANADA does not diagnose or treat any disease, ailment or other health symptoms. Any diagnosis or treatment needs to be made by your healthcare provider. The above tests are meant to aid your physician in their diagnosis, which is made in accordance with other clinical data that is unavailable to SIBO CLINIC CANADA.

SIGN: _____  DATE: _____

RETURN INSTRUCTIONS

- 1** **Return label is valid for 60 days.**
- 2** Inside the kit are two small bubble wrap envelopes. Put the tubes in these envelopes (5 per pack) put them back in the box along with the patient intake form. Discard the rest.
- 3** Attach the Return label to the white box (do not tape over barcode). Drop to the nearest Post Office, UPS or FedEx location, whichever label we used in your kit. Sometimes we use different carriers for pricing reasons. Don't forget to keep your tracking number.

Expected arrival back to our facility, 2-5 business days. Not guaranteed with COVID. But it's still efficient.

If there are any issues, please call us directly ASAP. 506 381 9847