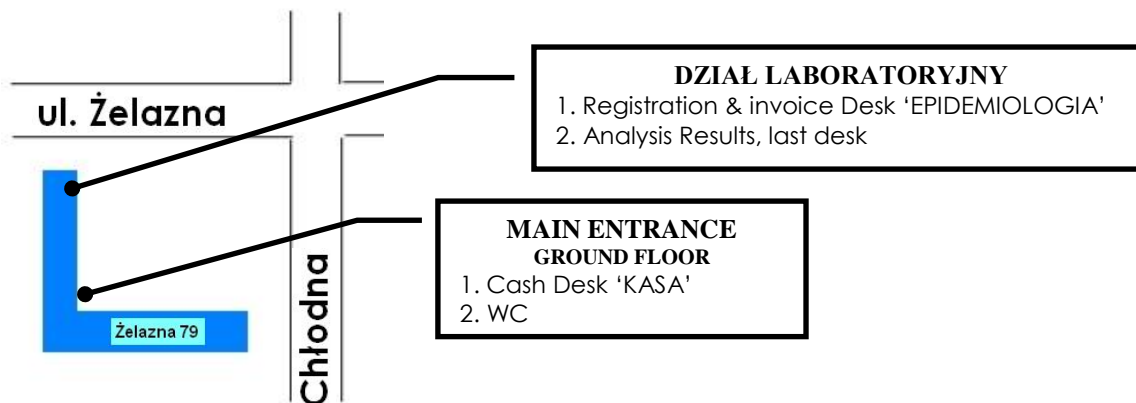


WZÓR

Dział Laboratoryjny WSSE w Warszawie
ul. ŻELAZNA 79, 00-875 Warszawa



„Nosicielstwo”
Instructions for Collecting Stool Samples

You need to collect three stool samples (one per day). No special preparation is required before having this test. You can get the stool collection set (3 stool collection tubes, request form and these instructions), free of charge, at 79 Żelazna St.

12.00 – 2.45 p.m. Registration & invoice Desk “EPIDEMIOLOGIA” Monday - Friday, except holidays

Collection and storage:

- place something in the toilet to catch the stool
- make sure you don't collect urine with the sample
- make sure the sample doesn't touch the inside of the toilet
- collect a small amount of stool by inserting a sterile swab into the stool and rotating it. Immediately insert the swab into transport medium discarding the original screw cap and tighten firmly using the new one (the one attached to the swab). Store the samples away from heat in a sealed plastic bag (room temperature). Follow the same procedure every day. You need to collect three stool samples.

Use one tube for each sample, and collect a sample only once a day.

Label each tube as follows:

NAZWISKO (name)

DATA (date of collection)

GODZINA (time of collection)

MATERIAŁ (sample) - please write STOOL/KAŁ

SZPITAL (hospital) - please do not fill it in

- **take all three sealed tubes** (within 72 hours after the first collection) and your filled laboratory request form to the laboratory registration desk and give it to a registration staff member (Registration Desk 'EPIDEMIOLOGIA' **7.45 a.m. 11.00 a.m.** Monday – Friday, except holidays). In return you will get 2 tickets called 'Zlecenie dla stanowiska kasjerskiego' and 'Oświadczenie na potrzeby zastosowania kas fiskalnych' - please sign the second one. Take both tickets and go to a main entrance. Invoice (if you need one) can be issued by receptionist.
- Give the tickets to a cashier (main entrance, Cash Desk 'KASA') 7.45 a.m.- 2.30 p.m. and pay 120,00 zł for the test . You can pay in cash or using a cell phone/debit card/credit card.
- Take your payment (cash) receipt, go back and show it to the registration staff member (**but do not leave it, you will need it to collect the results**).

Receiving the results:

- you have to wait **7** days to receive the analysis results Monday-Friday except holidays (**Dział Laboratoryjny, last desk ; please show your ID and payment receipt**): **12.00 -2.45 p.m.** (Monday-Friday except holidays)
- you can also print the analysis results online after getting number of laboratory request and verification code (at registration desk) and log in on the website <https://epl.wsse.waw.pl>

To complete the procedure and obtain health certificate you need to take your results and go to see **any** occupational physician (**LEKARZ MEDYCYNY PRACY**). He/she will give you the certificate at the same visit. You will find 'lekarz medycyny pracy' at almost every clinic. You will have to pay for the visit (each clinic has its own price-list).

please do not fill out the gray fields
FOR LABORATORY USE ONLY

Dział Laboratoryjny
Wojewódzka Stacja
Sanitarno- Epidemiologiczna
Oddział Laboratoryjny Epidemiologii
00-875 Warszawa, ul. Żelazna 79
tel.: (22) 620-90-01 wew. 103

Laboratoryjny numer próbki / należy wpisać z programu LAB-EPL :

Próbka nr 1: EP...../rok

Próbka nr 2: EP...../rok

Próbka nr 3: EP...../rok

Uwaga: data/godz. przyjęcia próbek do Laboratorium oraz stan próbek:
bez zastrzeżeń/nie kwalifikuje się do badania - są wpisane do programu
LAB-EPL pod nr ZL poniżej

LABORATORY REQUEST FORM

Zlecenie badania nr: ZL...../2018

/wpisać z programu LAB-EPL/

PATIENT INFORMATION (dane pacjenta): *phone number* (nr telefonu).....

name, surname (imię i nazwisko)

date of birth (data urodzenia)..... *sex* (płeć): *F M**

patient identification number (passport number) (nr identyfikacyjny).....

street name (ulica).....*house/building number* (nr domu).....*flat number* (nr mieszkania).....

postal code (kod pocztowy)..... *city* (miasto)..... *country* (kraj).....

INVOICE (faktura) YES / NO*

INVOICE FOR:

company / name (nazwa).....

address (adres).....

NIP

date of collection / time of collection / rodzaj próbki / signature:

1/...../ wymaz z kału /.....

2/...../ wymaz z kału /.....

3/...../ wymaz z kału /.....

Lp.	Rodzaj badania ¹⁾ /metodyka	Cena	Ilość	Kwota
1	Wykrywanie <i>Salmonella</i> i <i>Shigella</i> u osób zdrowych w kale/ wymazie z kału (nosicielstwo – trzy próbki) / metoda hodowlana uzupełniona testami biochemicznymi i serologicznymi/ PB-EPL-02	120,00 zł*	1	120,00 zł*
		Uczeń/Student/Doktorant*		Uczeń/Student/Doktorant*

¹⁾ current status of Procedures is available at www.wsse.waw.pl

Cena za wykonanie badania próbki / próbek została uzgodniona ze Zleceniodawcą na podstawie aktualnego cennika WSSE i wpłacona do kasy WSSE - kwit kasowy nr

Analysis results collection - in person YES / NO*

(odbiór osobisty TAK NIE)

I declare:

1. I have been informed that in accordance with Act of 05.12.2008 (Journal of Laws from 2016 poz. 1866) any positive result (detection of *Salmonella* & *Shigella* species) will be reported to the State Sanitary Inspector for the purposes of public health surveillance.

2. I have been informed that my personal data are processed in accordance with the Personal Data Protection Act.

3. I have been collected three stool samples in accordance with **Instructions for Collecting Stool Samples**

* niepotrzebne skreślić / please delete as applicable

Reklamacje można składać w terminie 14 dni od daty otrzymania sprawozdania z badań. All complaints should be submitted within 14 days from the analysis results collection date.

Zleceniodawca

.....
data i podpis

Przeгляд i przyjęcie zlecenia

.....
data i podpis