

How to prepare for the hydrogen-methane test for SIBO/IMO?

Please remember that proper preparation of the patient for the examination is essential and a key factor in a properly conducted examination.

Seven days before the test:

- laxatives and prokinetic medicines should be discontinued: lactulose, itoprid (trade names: Prokit, Zirid), cisapride (trade name: Gaspid) and metoclopramide (trade name: Metoclopramide polpharma), and medicines containing trimebutine (trade name: Debretin, Debridat, Tribux and Ircolon) - in for this purpose, it is advisable to consult the attending physician.

Three days before the test:

- stop taking probiotics.

On the day before the test:

- in case of constipation, a low-fermentation diet (without carbohydrates) should be introduced before the test, without milk and dairy products)
- consumption of white rice, white bread, meat, eggs is recommended, eating products such as: onion, leek, garlic, cabbage, beans or any pickled products or pickled vegetables, milk and/or fruit juices isn't recommend
- eat the last meal (not too large, not containing fiber) at least 14 hours before the start of the test, drink only water during the 14 hours before the start of the test.

On the day of the test:

- brush your teeth,
- people wearing dentures can't use glue,
- drink a glass of warm water is recommended, you can take medicines (except vitamins, laxatives and antibiotics) with plain water
- no need to discontinue drugs from the group of proton pump inhibitors - PPIs,
- don't smoke or chew gum,
- avoid physical activity – you should also avoid movement and physical effort during the test.

ATTENTION: USE CAPITAL LETTERS TO COMPLETE THE ORDER

Patient data

Last name:

Name:

Birth date:

ID numer:

Address:

or other ID numer

street/house number

Sex: M F

zip code and city name

Phone number:

If patient is juvenile please write data of legal guardian (name, last name, ID number):

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Test order

Date and time of sample collection:

SIBO/IMO test with lactulose

The way the result is delivered

- personally
- via e-mail - please write the address:
- post delivery

Laboratory notes:

Data i godzina
przyjęcia materiału:

NUMER BADANIA



TEST PROTOCOL

The date and hour of testing:

Please mark your symptoms before the test: diarrhea/ abdominal pain/ gas/ bloating/ constipation

Sample No.	Laboratory notes			Please mark your symptoms during the test				
	Time (min)	H ₂ ppm	CH ₄ ppm	Symptoms				
				Bloating	Gas	Abdominal cramping	Diarrhea	Other
1	0							
2	30							
3	45							
4	60							
5	75							
6	90							
7	105							
8	120							
9	150							
10	180							



In accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of April 27, 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (hereinafter: GDPR), as well as in accordance with the provisions of the Personal Data Protection Act of 10/05. 2018 Journal of Laws of May 24, 2018, item 1000, **the administrator of your personal data is Instytut Mikroekologii sp. z o. o. in Poznań (60-129), ul. Sielska 10, tel. 061 862 63 15.** With the data protection officer personal data, you can contact us electronically at the following e-mail address: kontakt.dani@instytut-mikroekologii.pl.

Personal data are processed for the purposes of implementing the contract for the examination and for the administrator to fulfill his obligations under the Act of November 6, 2008 on patient rights and the Patient Ombudsman. Personal data will be stored during the term of the contract and for a period of 20 years after its termination. The Institute of Microecology informs that you have the right to request from the Institute of Microecology access to your personal data, rectification, deletion or limitation of processing. The Institute of Microecology also informs that you have the right to lodge a complaint with the supervisory authority.

Providing personal data when ordering a test: 1) patient data: a) name and surname, b) date of birth, c) place of residence, d) gender, e) ID number, and in the case of a person without a PESEL number - name and number of the document confirming identity, f) patient identification number (provided in the absence of other data); 2) stamp and signature of the doctor ordering the examination or name and surname and the name and number of a document confirming the identity of another person authorized to order the examination; 3) data of the ordering entity test; 4) place of sending the test report or details of the person authorized to receive the result or test report; 5) type of material and its origin; 6) ordered examination; 7) date and time of collecting the material for testing; 8) data of the person collecting the data material to be tested; 9) date and time of receipt of the material to the laboratory; 10) important clinical data of the patient are a statutory requirement and a condition for concluding a contract. **Failure to provide any of the above-mentioned personal data results in the inability to conclude an agreement to conduct the research.**

I declare that I have read the information regarding the commissioned research and have received satisfactory answers to the questions asked, and I voluntarily consent to participate in this research.

ATTENTION; YOUR SIGNATURE IS REQUIRED.

.....
City name and the date

.....
Signature