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# Doctor's Data Comprehensive Stool Analysis with Parasitology x3 (CSAP3)

## What is the purpose of this test?

To explore gastrointestinal symptoms, autoimmune disease, IBD/IBS inflammation, food sensitivities, nutritional deficiencies, and joint pain.

It also helps pinpoint the causes of gastrointestinal symptoms and chronic systemic conditions and measures key markers of digestion, absorption, and inflammation. Antimicrobial susceptibility testing to prescriptive and natural agents is also performed for appropriate bacterial and fungal species. and measures key markers of digestion, absorption, and inflammation. Antimicrobial susceptibility testing to prescriptive and natural agents is also performed for appropriate bacterial and fungal species. fungal species.

## What type of test is this?

Stool.

## How do I get this test?

Once you approve your estimate, we will send an order confirmation to the Encounter History section of your Patient Portal to let you know when your test kit has been ordered. You will receive the kit in the mail three to five business days after we order it for you. Inside the box you will find the following:

- Instructions for sample collection and how to return it to the lab.
- A Test Requisition Form.
- The lab contact information should you have any test-specific questions.

*New York state residents:* Due to lab and state regulations, we are unable to ship this kit to an address in the state of New York, and you may \*not\* list a New York return address on the requisition form or on your return shipping label. Please ensure that you are shipping the completed kit from outside the state of New York. We cannot be held responsible for rejected samples should you complete and return the kits from inside the state of New York.

## Where do I find and how do I fill out the requisition order for this test?

Your test kit will come with a Test Requisition Form for you to complete and send back to the lab with your kit. When you receive the requisition, please complete the following information in each appropriate box:



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Box 1: Bill to Physician Account.

Box 2: Write “signature on file” on the Physician Signature line.

Box 3: Mark the “Comprehensive Stool Analysis with Parasitology x3” test and fill in the date you collected your final sample. Do not mark any add-on stool tests or fill in any diagnosis codes.

*Note: If we have also ordered the H. pylori test for you, please click on “show details” for that test, and follow the instructions there instead for how to fill out the requisition.*

Box 4: Review your Patient Information and make corrections or fill in data as needed. Make sure to sign and date.

Boxes 5 & 6: The test has been paid for in full so please do not add any additional payment or insurance information.

*Note: If you have Medicare, you must fill out the Advance Beneficiary Notice of Non-coverage form and send it back with your requisition. When filling out the form, please mark option number two since you have already paid us for the test and we do not bill Medicare. Also make sure you sign the form.*

### **How do I prepare in terms of diet, supplements, and medications?**

- Please stop any probiotics for two weeks prior to taking this test. (This includes food sources of probiotics as well, such as sauerkraut.)
- If you are taking antifungal or antibiotic medications, please finish the course of medication and then wait three days before starting this collection.
- Refrain from taking digestive enzymes, laxatives, antacids, aspirin, and substances containing barium or bismuth for two days prior to and during the specimen collection.
- To properly assess fat absorption, you should consume 60 to 100 grams per day of dietary fat for three days prior to the collection. Note: Being off a few grams below or above this won't matter; what is important is to not complete this test while consuming a low-fat diet in the days leading up to it.
- Please refrain from using laxatives (other than Fleet brand oral laxatives), high-dose vitamin C (more than 1000 milligrams per day), and suppositories.
- If you need something to assist in producing a bowel movement, you may use magnesium glycinate, magnesium malate, magnesium citrate, Iberogast, 5-HTP, psyllium husk, prune juice, or Fleet brand oral laxatives.

### **Is the timing of this test important?**

For best results, the lab should receive your sample(s) within 48 hours of shipping it. This means you should ship on Monday, Tuesday, or Wednesday AM (latest) in order to ensure delivery by Friday, since the lab does not receive or process samples on the weekend.



Your test kit expires in one year; there will be a month/date expiration printed on the vials in your kit. If your kit has expired, please contact us to send you a new one.

### **Was payment included in my invoice?**

Yes, the test was included in your invoice. On the Test Requisition Form, please mark box 1 to Bill to Physician Account and write “signature on file” on the Physician Signature line in box 2.

### **When will I see the results?**

Results are generally sent to us within two weeks after the lab receives your kit from you. Your clinician will review the results and then notify you through your Patient Portal.

### **Where can I read more about this test?**

<https://www.doctorsdata.com/comprehensive-stool-analysis-w-parasitology-x3/>