

Please complete this form and return it with your baby's poo sample



# BABY POO COLLECTION FORM (4 –10 MONTHS)

What date was the sample collected?

D	D	/	M	M	/	Y	Y	Y	Y
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What time was the sample collected?

hours	minutes
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Was the sample kept in the fridge before posting?

Yes  No

In the last 48 hours, how have you fed your baby?

Breast milk

Please tick **all** that apply

Formula milk

Solids

Please write your name:

First name:

Surname:

Please write your baby's name:

First name:

Surname:

In the past month, have you taken any antibiotics?

Yes  No

If yes, are you still receiving antibiotics now?

Yes  No

In the past month, has your baby received any antibiotics?

Yes  No

If yes, is your baby still receiving antibiotics?

Yes  No