

BACTERIAL OVERGROWTH (SIBO) ANALYTICAL RECORD

Patient Name or #: _____

Date of Test: _____

Weight: _____ DOB: _____

Substrate Given _____

Nurse _____

Referring Physician _____

Notes:

Symptoms (Check All That Apply):

Nausea _____ Weight Loss _____ Diarrhea _____

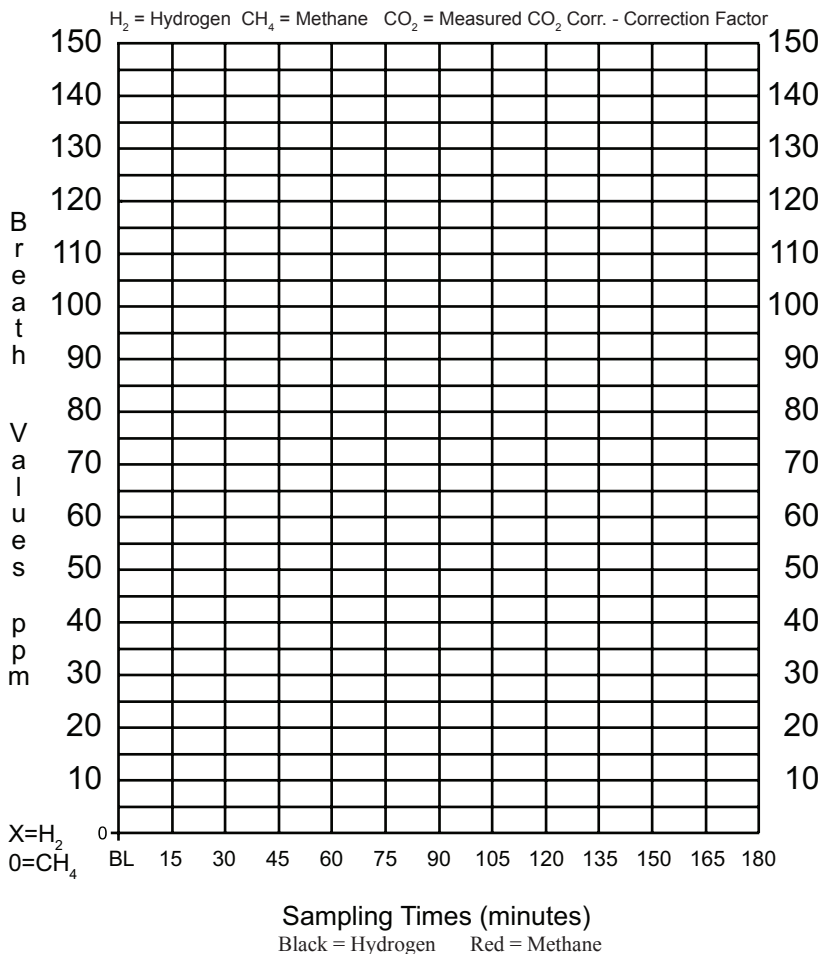
Vomiting _____ Weight Gain _____ Constipation _____ Bloating _____ Other _____

† The CH₄ values can only be measured on the BreathTracker or MicroLyzer models SC or DP. Technicians are urged to document all values indicated by the instrument for the physician.
*The Corr. is the correction factor determined for the H₂ and CH₄ samples that are contaminated and are only available with the BreathTracker SC, H2+ and MicroLyzer SC.
If your samples have a correction factor above 4, the sample is invalid.

Sample	Clock Time	ppm H ₂	ppm CH ₄ †	CO ₂ %	Corr.*
--------	------------	--------------------	-----------------------	-------------------	--------

SAMPLING SCHEDULE & GRAPH

Baseline (BL)	_____	_____	_____	_____	_____
--Test solution administered--					
#1 - 20min	_____	_____	_____	_____	_____
#2 - 40min	_____	_____	_____	_____	_____
#3 - 60min	_____	_____	_____	_____	_____
#4 - 80min	_____	_____	_____	_____	_____
#5 - 100min	_____	_____	_____	_____	_____
#6 - 120min	_____	_____	_____	_____	_____
#7 - 140min	_____	_____	_____	_____	_____
#8 - 160min	_____	_____	_____	_____	_____
#9 - 180min	_____	_____	_____	_____	_____



The standard protocol only requires samples to be taken every 20 minutes for 3 hours.

Additional samples are optional, and should be performed only by the approval of the physician.

Do not stop the test early unless the physician approves.

Final Reading _____

Physician Signature _____

This analytical record was designed by QuinTron and is to be used as a tool. QuinTron accepts no liability for diagnosis or sample values written on this form.



3712 West Pierce Street, Milwaukee, WI, USA
www.QuinTron-USA.com
Phone: (800)542-4448 / (414)645-4222