

# 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 \_\_\_\_\_

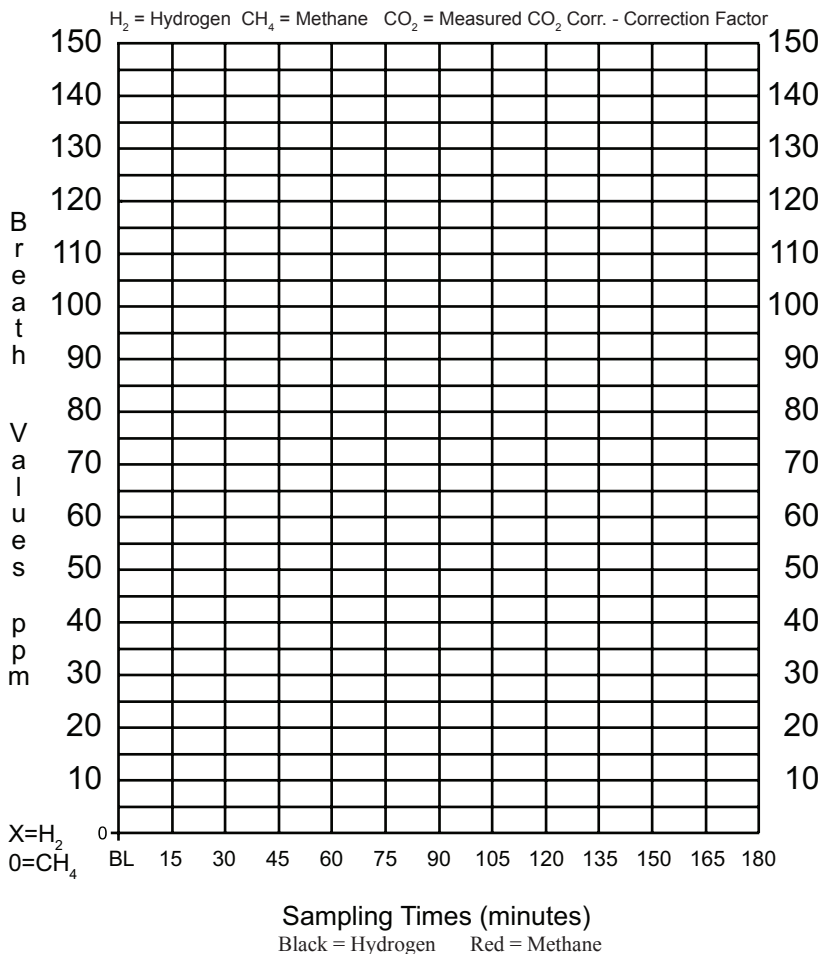
Vomiting \_\_\_\_\_ Weight Gain \_\_\_\_\_ Constipation \_\_\_\_\_ Bloating \_\_\_\_\_ Other \_\_\_\_\_

† The CH<sub>4</sub> 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 H<sub>2</sub> and CH<sub>4</sub> 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 <sub>2</sub>	ppm CH <sub>4</sub> †	CO <sub>2</sub> %	Corr.*
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## 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.



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