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Donor Information

Date _____

Donor Name _____

First Middle Last

Sex Male Female Date of Birth _____ Age _____ phone _____

Street Address _____ Apt. _____

City _____ State _____ ZIP _____

Health screening form for physicians

Does the patient's history, physical exam results, laboratory work, or imaging reveal any current or past signs of:

Chronic infectious disease	Y	N	P
Known exposure to HIV/viral hepatitis	Y	N	P
Autoimmune disease	Y	N	P
Gastrointestinal disease	Y	N	P
Atopic disease	Y	N	P
Metabolic disease	Y	N	P
Mood disorder/neuro-atypical	Y	N	P
Neurodegenerative disorder	Y	N	P
Chronic pain syndrome	Y	N	P
Malignancies	Y	N	P
Obesity	Y	N	P

If yes to any of the above, please explain:

Physician signature: _____

Name of practice (please print): _____

Phone number: _____



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Additional donor information

Do you have a daily, formed bowel movement? Y N

Do you ever been diagnosed with a chronic health condition not listed in the health screening form above? Please explain.

Current medications: Please list prescription medications, over-the-counter medications, vitamins or other supplements you are taking, including dosages and amounts if you know them.

Please list the approximate dates that you've taken antibiotics, and why:

Can you commit to not engaging in activity that puts you at risk for infectious disease between your lab testing and your donation? These activities include being sexually intimate with a partner whose STI status is unknown, travelling abroad, and risking exposure to blood through amateur tattoo or needle sharing.

Y N

Are you able and willing to collect a complete bowel movement for the duration of the FMT session?

Y N

_____ (Donor printed name)

_____ (Donor signature)

_____ (Name & signature of guardian if donor is under 18yo)

FMT donor minimum screening lab work

Serologic testing

- CBC & CMP
- HIV, type 1 and 2
- Hepatitis A virus IgM
- Hepatitis B surface antigen
- Hepatitis C virus antibody
- *Treponema pallidum* (Cascade with reflex to RPR)

Stool testing

- *C difficile* toxin B by PCR
*note: when ordering, write "Complete this test even with formed stool, for donor screening"
- Routine bacterial culture for enteric pathogens
- Ova and parasites x 1

Optional: PCR stool testing for beneficial fecal flora & pathogenic organisms, including bacteria, fungi and parasites (eg Genova CDSA/P).

Other tests may be indicated based on donor's regional residence, medical history, travel history and family history including but not limited to Cyclospora, Isospora, Cryptosporidium, Human T-cell lymphotropic viruses, MRSA, VRE , Rotavirus, Adenovirus, Norovirus and *Strongyloides*.

Doctors ordering the screening tests above for a potential donor can consider the following ICD-10 codes: Z20.9 (Contact with and (suspected) exposure to unspecified communicable disease), Z22.1 (Carrier of other intestinal infectious diseases), Z11.2 (screening for other bacterial diseases), Z11.3 (screening for infections with a predominantly sexual mode of transmission), Z11.4 (screening for HIV), Z11.59 (screening for other viral diseases), Z11.6 (screening for other protozoal diseases and helminthiasis), Z11.8 (screening for other infectious and parasitic diseases), Z11.9 (screening for infectious and parasitic diseases, unspecified)