

# BreathTek™ Patient Questionnaire

Circle

- Have you had anything to eat or drink in the last hour? Yes No
- Do you have a condition called PKU? Yes No
- Do products sweetened with the artificial sweetener Aspartame give you a headache? Yes No
- Have you been on antibiotics within the last two weeks? Yes No

IF THE ANSWERS TO ABOVE QUESTIONS ARE **NO** THEN PROCEED TO THE NEXT TWO QUESTIONS----IF **ANY** OF THE ABOVE ANSWERS IS **YES** THE TEST IS **NOT** PERFORMED AT THIS TIME.---**FOR FASTING ONLY:** CONTINUE QUESTIONS BELOW AND PATIENT MAY WAIT UNTIL HE/SHE HAS FASTED FOR THE REQUIRED HOUR.

- Have you taken Pepto-Bismol or any other bismuth containing medications Within the last 2 weeks? Yes No
- Within the past 2 weeks have you taken any medications for acid reflux, Acid indigestion, heartburn, GERD, ulcers, or H. pylori infection? Yes\* No

**\*If yes to one of the above questions, ask patient to list medications. If the patient has taken any of the medications below within the last two weeks, the test can be performed but may report as a false negative. The patient should inform their physician which medication(s) they have taken.**

\*MAY CAUSE FALSE NEGATIVE RESULTS\*

<input type="checkbox"/> Prilosec/Prilosec OTC (Omeprazole)	<input type="checkbox"/> Prevacid (Lansoprazole)	<input type="checkbox"/> Nexium (Esomeprazole)
<input type="checkbox"/> Aciphex (Rabeprazole)	<input type="checkbox"/> Protonix (Pantoprazole)	<input type="checkbox"/> PeptoBismol


ACCEPTIBLE MEDICATIONS (CAN RUN TEST)

<input type="checkbox"/> Tums	<input type="checkbox"/> Maalox	<input type="checkbox"/> Zantac (Ranitidine)	<input type="checkbox"/> Pepcid
<input type="checkbox"/> Roloids	<input type="checkbox"/> Mylanta	<input type="checkbox"/> Tagamet (Cimetidine)	<input type="checkbox"/> Mylicon
<input type="checkbox"/> Gaviscon	<input type="checkbox"/> Gelusil	<input type="checkbox"/> Phazyme (Simethicone)	

## Use this card when shipping breath samples from pediatric patients 3-17 years old to a laboratory for analysis.

Place the completed card inside the sample transport bag along with the collected breath samples and the laboratory's test requisition form.

Pediatric UHR Calculation Information	
Sample Information	Patient's Information
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>[Affix barcode sticker here.]</p> </div> <p>Collection Date _____</p>	<p>Patient ID _____</p> <p>Gender <input type="radio"/> (Male) <input type="radio"/> (Female)      Age _____ (Years)</p> <p>Height _____ <input type="radio"/> (Inches) <input type="radio"/> (Centimeters)      Weight _____ <input type="radio"/> (Pounds) <input type="radio"/> (Kilograms)</p>

 Otsuka  
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Urea Breath Test for H. pylori  
**BreathTek®**  
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Date \_\_\_\_\_ Completed by (initials) \_\_\_\_\_