

**BACTERIAL OVERGROWTH (SIBO) ANALYTICAL RECORD**

Patient Name or #: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Weight: \_\_\_\_\_ DOB: \_\_\_\_\_

Substrate Given \_\_\_\_\_

Nurse \_\_\_\_\_

Referring Physician \_\_\_\_\_

Notes:

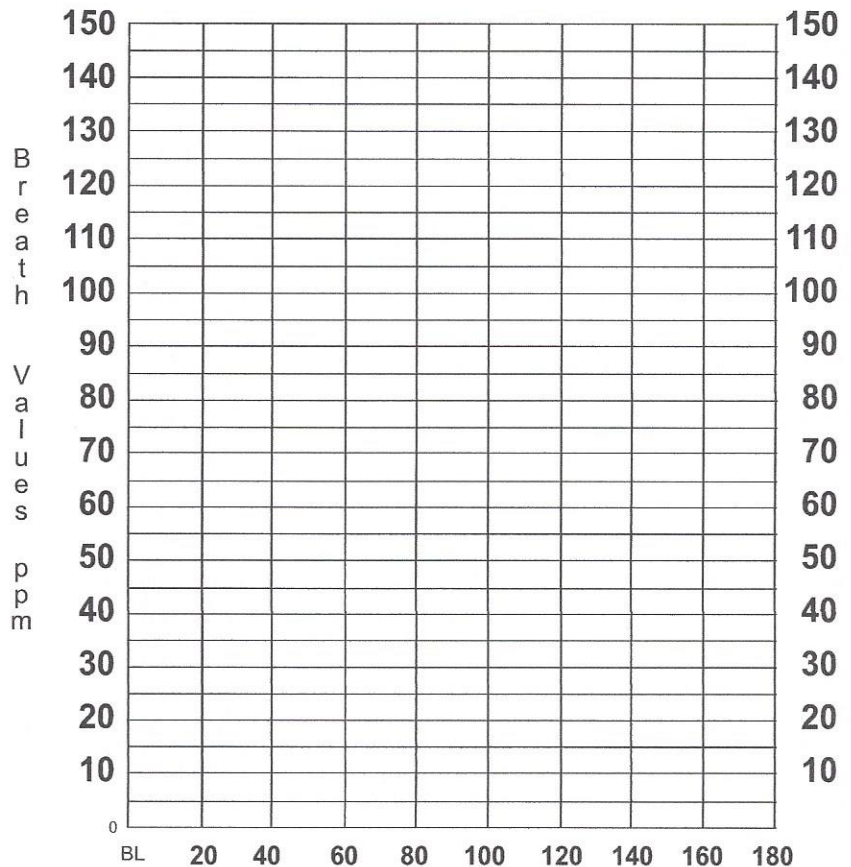
Symptoms (Check All That Apply) :

Nausea \_\_\_\_\_ Weight Loss \_\_\_\_\_ Diarrhea \_\_\_\_\_

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

Sample	Clock Time	ppm H <sub>2</sub>
Baseline (BL)	_____	_____
#1 - 20min	_____	_____
#2 - 40min	_____	_____
#3 - 60min	_____	_____
#4 - 80min	_____	_____
#5 - 100min	_____	_____
#6 - 120min	_____	_____
#7 - 140min	_____	_____
#8 - 160min	_____	_____
#9 - 180min	_____	_____

SAMPLING SCHEDULE & GRAPH



Sampling Times (minutes)