

**S2 Table. *H. pylori* stool antigen test (SAT) data collection sample form**

<b>S. No</b>	<b>Date of 1<sup>st</sup> test</b>	<b>Name</b>	<b>Card No</b>	<b>SAT test before Rx</b>	<b>Regimen of triple therapy (10 days or 14 days)</b>	<b>Date of 2<sup>nd</sup> test</b>	<b>SAT test after Rx</b>
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