

Parasitic Examination, Feces

Order Name: **OAP**
Revision Date: 10/11/2019

TEST NAME		METHODOLOGY		LOINC CODE
Parasitic Examination, Feces				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	mL (mL)	Fecal/Stool		Room Temperature
Instructions	Label specimen with Mobilab label or with patient name (first and last), date of birth, date and time of collection, collector initials, and test(s) being ordered.			
Reference Range	Negative			
	If positive, organism identified			
Methodology	Microscopic			

GENERAL INFORMATION	
Testing Schedule	Monday-Friday
Expected TAT	3 Days
Notes	Specimen Stability: Ambient (preferred) - 21 Days Refrigerated - 21 Days
CPT Code(s)	87177-Concentration (any type), for infectious agents
	87209-Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hematoxylin) for ova and parasites
Lab Section	NRLS-Mayo Medical Laboratories