

Malaria Smear, Thin

Order Name: **MALSMTHIN**
Revision Date: 01/12/2013

TEST NAME		METHODOLOGY		LOINC CODE
Malaria Smear, Thin				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Instructions	Place a large drop of whole blood (preferably from a fingerstick) on a slide. Prepare smear with a feathered edge should be no more than a single cell thick. Allow film to thoroughly air dry. Do not fix or expose to heat. Send slides in plastic slide containers. Forward promptly at ambient temperature only. Note: 1. Specimen source is required on request form for processing. 2. Label specimen with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number, date and time of collection, collector initials, and test(s) being ordered.			
Reference Range	No parasites seen			

GENERAL INFORMATION	
Testing Schedule	Monday through Sunday TAT: 6 hours
CPT Code(s)	87207
Lab Section	NRLS-Core Hematopathology