

Occult Blood, Gastric

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

TEST NAME		METHODOLOGY		LOINC CODE
Occult Blood, Gastric				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Instructions	Submit 1 mL (minimum volume: 0.5 mL) of gastric contents in a screw-capped, sterile container. Maintain sterility and forward promptly at ambient temperature. Note: 1. Specimen source is required on request form for processing. 2. Label container 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. Note: Specimes are stable for 24 hours at room temperature or 5 days refrigerated (2-8 deg C).			
Reference Range	Negative			

GENERAL INFORMATION	
Testing Schedule	Monday through Sunday TAT: 2 hours STAT TAT: 1 hour
CPT Code(s)	82271
Lab Section	NRLS-Microbiology