

Occult Blood, Stool

Order Name: **OCCBLD/OCCBLDX3**  
Revision Date: 04/26/2016

TEST NAME		METHODOLOGY		LOINC CODE
Occult Blood, Stool				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Instructions	<p>Patient Preparation</p> <p>1. Patient should observe the following diet and diet guidelines before and during stool collection period:</p> <ul style="list-style-type: none"><li>a. For 3 days avoid red meats (beef, lamb, liver).</li><li>b. Eat a well balanced diet including fiber such as brand cereals, fruits, and vegetables</li><li>c. For 7 days, avoid alcohol in excess.</li><li>d. For 7 days, avoid non-steroidal anti-inflammatory drugs such as ibuprofen, naproxen, or aspirin (more than 1 adult aspirin a day).</li><li>e. Acetaminophen (Tylenol) can be taken as needed.</li><li>f. For 3 days, avoid vitamin C in excess of 250 mg a day from supplements and citrus fruits and juices.</li></ul> <p>2. Do not apply antiseptics or iodine products to rectum area prior or during testing period.</p> <p>3. Do not collect specimen during or until 3 days after menstrual period, bleeding hemorrhoids, or blood in urine.</p> <p>Specimen Collection Submit only 1 of the following specimens:</p> <p><u>Hemoccult Card</u></p> <p>0.5 g of stool from a single defecation. After collection, apply a thin smear of stool onto the windows inside the Hemoccult card. Do not place more than recommended on card. Forward promptly at ambient temperature. Cards containing samples must be sent to the laboratory within 14 days after the first collection.</p> <p>Note: 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.</p> <p><u>Stool Specimen</u></p> <p>Submit entire stool collection from a single defecation in a clean, wide-mouth container. Forward promptly at ambient temperature.</p> <p>Note: 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.</p>			
Reference Range	Negative			

GENERAL INFORMATION	
Testing Schedule	Monday through Sunday
CPT Code(s)	82270
Lab Section	NRLS-Microbiology