

Ova and Parasites, Stool

Order Name: **OP**  
Revision Date: 06/12/2014

| TEST NAME                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | METHODOLOGY   |                    | LOINC CODE            |
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| Ova and Parasites, Stool |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |                       |
| SPECIMEN REQUIREMENTS    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |                       |
| Specimen                 | Specimen Volume (min)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Specimen Type | Specimen Container | Transport Environment |
| Instructions             | <p>Ova and parasites are more likely to be observed when a series of 3 stools are collected in a 3-day period. Stool may be formed, loose, or watery. Collect specimen using an Ova and Parasite Kit as follows:</p> <ol style="list-style-type: none"><li>1. Collect 20 g (minimum volume: 5 g) of fresh stool in a clean, wide-mouthed container. Note: Specimens from diapers for pediatric patients give compromised results and are discouraged. A Pedi-bag may be placed over rectum in order to collect a specimen that is not contaminated with urine.</li><li>2. Transfer a portion to both the PVA fixative container and 10% formalin fixative container within 1 hour of collection.</li><li>3. Specimen contaminated with urine or water is not acceptable.</li><li>4. Label containers 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.</li></ol> <p>Note:</p> <ul style="list-style-type: none"><li>• The standard of care for patients with diarrhea reserves full ova and parasite examination for patients with a history of travel outside the U. S. within the last year and for immunocompromised patients.</li><li>• Full ova and parasite examinations are performed on inpatients who are immunocompromised or are admitted with a diagnosis of diarrhea.</li><li>• Routine orders for ova and parasite examination, not meeting above criteria, will be rejected and <b><i>Cryptosporidium</i></b> and <b><i>Giardia</i></b> antigen testing will be performed.</li></ul> |               |                    |                       |
| Reference Range          | No ova or parasites seen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                    |                       |
| Methodology              | Includes concentration and trichrome stain. Direct prep on liquid stools performed if received within 1 hour.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                    |                       |

| GENERAL INFORMATION |                                         |
|---------------------|-----------------------------------------|
| Testing Schedule    | Monday through Friday                   |
| Expected TAT        | 24 hours                                |
| CPT Code(s)         | 87177-Direct prep 87209-Trichrome stain |
| Lab Section         | NRLS-Microbiology                       |