

Parasite Identification - Intestinal

Order Name: **C PARA ID**

Test Number: 6001015

Revision Date: 09/27/2017

| TEST NAME | METHODOLOGY | LOINC CODE |
|--------------------------------------|-------------|------------|
| Parasite Identification - Intestinal | Microscopy | |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | See Instructions | See Instructions | See Instructions | Room Temperature |
| Instructions | <p>Collect parasitic worm (suspect neatoe, cestode, or trematode) in Sterile Leakproof Container, Transfer to 70% Alcohol or 10% Formalin Container ASAP! Not acceptable is frozen or desiccated specimen) Parasite Complete Exam Stool (5195166) should be ordered on stool to check for ova and parasite.</p> | | | |

| GENERAL INFORMATION | |
|---------------------|--------------|
| Testing Schedule | Mon - Fri |
| Expected TAT | 1-2 Days |
| CPT Code(s) | 87169 |
| Lab Section | Microbiology |