## Occult Blood x3

Order Name: OCC BL 3
Test Number: 3501340
Revision Date: 01/10/2019

TEST NAME	METHODOLOGY	LOINC CODE
Occult blood #1 Screen	Guaiac Colormetric Reaction (GUIAC)	14563-1
Occult blood #2	Guaiac Colormetric Reaction (GUIAC)	14564-9
Occult blood #3	Guaiac Colormetric Reaction (GUIAC)	14565-6

SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	0.5 mL (0.1)	Stool, Random	Fecal Occult Blood Card	Room Temperature	
Instructions	Do not eat red meat, any blood Some medications may interfer medication changes that may The patient's full name and Stability: Specimen should be blood cards should be submitted	bere with this test. These include volume be necessary. Medication should date/time of collection should immediately transferred to the project to the lab within 10 days of the	ncooked broccoli, turnip, radish, or horseradi itamin C and aspirin. The health care provid I not be stopped or decreased without consu	er should be consulted regarding Ilting the health care provider. er at time of specimen collection. Occult	

GENERAL INFORMATION		
Testing Schedule	Mon-Fri	
Expected TAT	1-3 Days	
Clinical Use	Colon cancer screening	
CPT Code(s)	82270	
Lab Section	Microbiology	
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