

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 neotode, 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