Reporting Title: Parasitic Examination
Performing Location: Rochester

Specimen Requirements:

Specimen Type: Stool, duodenal aspirate, colonic washing, liver fluid/abscess
Container/Tube: ECOFIX preservative (Supply T219)
Specimen Volume: Portion of stool; or entire collection of intestinal specimen or liver fluid/abscess
Collection Instructions:
1. Place specimen into preservative within 30 minutes of passage or collection.
2. Follow instructions on the container as follows:
a. Mix the contents of the tube with the spoon, twist the cap tightly closed, and shake vigorously until the contents are well mixed. Refer to the fill line on the Ecofix vial for stool specimens.
b. Do not fill above the line indicated on the container.

Specimen Type: Respiratory specimens or tissue
Sources: Bronchial washing, sputum, bronchoalveolar lavage
Container/Tube: Sterile container
Specimen Volume: Entire collection
Collection Instructions:
1. Place specimen into container and send refrigerate.
2. Specify on the order if a specific parasite is suspected.
Additional Information:
1. It is strongly recommended that multiple stool specimens be submitted for ova and parasite analysis. At least 3 specimens should be collected, 1 each day or on alternate days (over a maximum 10-day period). Parasites are shed irregularly in stool and examination of a single specimen does not guarantee detection.
2. To submit worms or worm segments, place in 70% alcohol and order PARID / Parasite Identification instead of the OAP / Parasitic Examination.
a. If Cryptosporidium is suspected, order CRYPS / Cryptosporidium Antigen, Feces instead.
b. If Giardia is suspected, order GIAR / Giardia Antigen, Feces instead.
c. If Cyclospora is suspected, order CYCL / Cyclospora Stain instead.
d. If microsporidia are suspected, order MTBS / Microsporidia Stain instead.
e. If pinworm is suspected, order PINW / Pinworm Exam, Perianal instead. Perianal skin sampling using clear cellophane tape or a SWUBE device is required for this test.
3. If the sources is something other than listed in Specimen Required:
a. Urine-send for SHUR / Schistosoma Exam, Urine or TVRNA / Trichomonas vaginalis by Nucleic Acid Amplification as applicable
b. Skin scrapings-send for PARID / Parasite Identification if scabies is suspected
c. Corneal scrapings/biopsy, CSF, or brain tissue for free-living amebae (Acanthamoeba or Naegleria)-send for ACANT / Acanthamoeba/Naegleria species, Corneal Scraping or Spinal Fluid
Forms: If not ordering electronically, submit a Microbiology Request Form (Supply T244) with the specimen.

Specimen Type	Temperature	Time
Fecal	Ambient (preferred)	21 days
	Refrigerated	21 days

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
OAP	Q00M0045	Specimen Source	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
OAP	Parasitic Examination	Alphanumeric		10704-5

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	OVA AND PARASITES SMEARS	1	87177		
Billing only	complex special stain	1	87209		

Reference Values:

Negative
If positive, organism identified