

**Gastrointestinal Profile, Stool, PCR** 

Order Name: Gastro Pr PCR

Test Number: 5195079
Revision Date: 03/27/2025

TEST NAME	METHODOLOGY	LOINC CODE
Campylobacter	Polymerase Chain Reaction	82196-7
C difficile toxin A/B	Polymerase Chain Reaction	82197-5
Plesiomonas shigelloides	Polymerase Chain Reaction	82198-3
Salmonella	Polymerase Chain Reaction	82199-1
Vibrio	Polymerase Chain Reaction	82200-7
Vibrio cholerae	Polymerase Chain Reaction	82201-5
Yersinia enterocolitica	Polymerase Chain Reaction	82202-3
Enteroaggregative E coli	Polymerase Chain Reaction	80649-4
Enteropathogenic E coli	Polymerase Chain Reaction	80348-6
Enterotoxigenic E coli	Polymerase Chain Reaction	80351-0
Shiga-toxin-producing E coli	Polymerase Chain Reaction	82203-1
E coli O157	Polymerase Chain Reaction	82204-9
Shigella/Enteroinvasive E coli	Polymerase Chain Reaction	80350-2
Cryptosporidium	Polymerase Chain Reaction	82205-6
Cyclospora cayetanensis	Polymerase Chain Reaction	82206-4
Entamoeba histolytica	Polymerase Chain Reaction	82207-2
Giardia lamblia	Polymerase Chain Reaction	82208-0
Adenovirus F 40/41	Polymerase Chain Reaction	82209-8
Astrovirus	Polymerase Chain Reaction	82210-6
Norovirus GI/GII	Polymerase Chain Reaction	82211-4
Rotavirus A	Polymerase Chain Reaction	82212-2
Sapovirus	Polymerase Chain Reaction	82213-0



## St. John Health System Lab Catalog

SPECIMEN REQU	JIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment		
Preferred	See Instructions	Fecal/Stool	Para-Pak CS Orange (Cary-Blair)	Room Temperature		
Instructions	NOTE - Collect Monday thro	ough Thursday Only. Specimen	s must be received at Labcorp Oklahoma Inc	c. by Thursday afternoon - NOTE		
	Specimen: Stool placed in a	stool culture transport vial (P	ara-Pak® C&S orange)			
	Add stool until level in Para-Pak® vial is at fill-line on vial label. Do not over fill.					
	Container: Para-Pak® C&S (	Container: Para-Pak® C&S Orange (Cary-Blair)				
	Storage requirements: Room temperature					
	Cause for Rejection: RED ETM containers are Not Acceptable - Any Specimen not received in Cary-Blair preservative medium as listed					
	above, specimen vial leaking; specimen >96 hours since collection; frozen specimen; rectal swab; specimen below fill line on container					
	(underfilled); container overfille	ed above line on label.				
	If possible, allow patient to uri	nate before collecting stool speci	men so as to avoid contaminating the stool spe	cimen with urine. Catch the stool		
	specimen in a clean, empty wide-mouthed container or place plastic wrap over the opening of the toilet bowl to prevent the stool specimen from					
	falling into the bowl. Do not mi	ix urine or water with the stool sp	ecimen. For diaper collected specimens, line th	e diaper with plastic wrap. Do not		
	submit the diaper. Place small	I amounts of the stool specimen	into the orange-labeled Para-Pak® vial using th	e spoon affixed to the Para-Pak® vial		
	cap, taking care not to let the	volume in the vial exceed the RE	D fill-line indicated on the vial label. Cap the Pa	ra-Pak® vial and shake the vial 10		
	times to ensure complete distr	ribution of the stool into the prese	ervative. The stool specimen must be placed into	o the Para-Pak® vial within one hour of		
	the stools production for optim	num results. Label the Para-Pak@	vial with the patient's name, date of birth, date	of collection and time of collection. Be		

GENERAL INFORMATION	
Expected TAT	2-3 days
CPT Code(s)	87507
Service Provided By	labcorp Oklahoma, Inc.

sure the Para-Pak® vial cap is securely in place and that the vial is not leaking.