

**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	Collect parasitic worm (suspect neatode, cestode, or trematode) in <b>Sterile Leakproof Container</b> , Transfer to 70% Alcohol or 10% Formalin Container ASAP! Not acceptable is frozen or desiccated specimen) <b>Parasite Complete Exam Stool (5195166)</b> should be ordered on stool to check for ova and parasite.			

GENERAL INFORMATION	
Testing Schedule	Mon - Fri
Expected TAT	1-2 Days
CPT Code(s)	87169
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.