

Reporting Title: Schistosoma Exam, U  
Performing Location: Rochester

Specimen Requirements:

- Supplies: Urine Tubes, 10 mL (T068)  
Collection Container/Tube: Clean, plastic urine collection container  
Submission Container/Tube: Plastic, 10-mL urine tube  
Specimen Volume: 10 mL

Collection Instructions:

1. Collect a random urine specimen. Preferred time of collection between the hours of 12 noon and 3 p.m. but not required. A 24-hour urine collection is also acceptable.
2. No preservative.

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated	7 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
SHUR	Q00M0052	Specimen Source	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
SHUR	Schistosoma Exam, U	Alphanumeric		10715-1

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

- 87210  
87015

Reference Values:

- Negative  
If positive, organism identified