

Reporting Title: Giardia Ag, F

Performing Location: Rochester

**Ordering Guidance:**

Duodenal, colonic wash, or small bowel aspirates are **not acceptable** for this test. If giardiasis is suspected, order OPE / Ova and Parasite, Travel History or Immunocompromised, Feces.

**Specimen Requirements:**

Submit only 1 of the following specimens:

**Preferred:**

**Specimen Type:** Preserved feces

**Supplies:**

- Formalin 10% Buffered Neutral 15 mL (T466)
- Stool Collection Kit, Random (T635)

**Container/Tube:**

**Preferred:** Fecal container with 10% buffered formalin preservative

**Acceptable:** SAF (sodium acetate formalin)

**Specimen Volume:** 5 grams

**Specimen Stability Information:** Ambient (preferred) 60 days

**Acceptable:**

**Specimen Type:** Unpreserved feces

**Supplies:**

- Stool container, Small (Random), 4 oz (T288)
- Stool Collection Kit, Random (T635)

**Container/Tube:** Fecal container

**Specimen Volume:** 5 grams

**Specimen Stability Information:** Frozen 60 days

**Forms:**

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

- [Microbiology Test Request](#) (T244)
- [Gastroenterology and Hepatology Test Request](#) (T728)

Specimen Type	Temperature	Time	Special Container
Fecal	Varies		

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
24085	Giardia Ag, F	Alphanumeric		6412-1

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

**Supplemental Report:**  
No

**CPT Code Information:**  
87329

**Reference Values:**  
Negative