

Reporting Title: Nocardia Stain
Performing Location: Rochester

Necessary Information:
Specimen source is required.

Specimen Requirements:
Container/Tube: Sterile container
Specimen Volume: 0.2 mL
Collection Instructions: Collect a raw specimen.

Forms:
If not ordering electronically, complete, print, and send a [Microbiology Test Request](#) (T244) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	7 days	
	Ambient	7 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
SSF1	Q00M0056	Specimen Source	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
SSF1	Nocardia Stain	Alphanumeric		21003-9

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

Supplemental Report:
No

CPT Code Information:
87206
87176-Tissue processing (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
TISSR	Tissue Processing	1	87176	No	No, (Bill Only)

Reference Values:

Reported as positive or negative