

# **Test Definition: PARID**

Parasite Identification, Varies

**Reporting Title:** Parasite Identification

Performing Location: Rochester

#### **Necessary Information:**

1. Specimen source and isolate description are required: morphology, tests performed, location of specimen, or other pertinent information.

2. Indicate reason for request.

#### **Specimen Requirements:**

**Specimen Type:** Parasitic worms, insects, or mites

Container/Tube: Sterile container (10% formalin or 70% alcohol may be added if appropriate specimen type)

**Specimen Volume:** Entire specimen

#### **Collection Instructions:**

- 1. For scabies, submit skin scrapings on glass microscope slide. Cover with a clean slide and use a rubber band to hold the 2 slides together (do not tape). Place the slides in a clean, dry container for transport. If no slides are available at time of collection, the dry skin scraping can be submitted in a sterile container and will be placed on slide at time of examination. Skin scraping must be visible with the naked eye to be of a quantity sufficient for testing.
- 2. Submit whole worms and worm segments in 70% alcohol or formalin. Worms must be clean of stool to be suitable for examination.
- 3. Submit arthropods (ticks, lice, nits, bed bugs, etc) in a clean, dry container. Do not wrap in tape, gauze, or tissue that might obscure them during examination.

#### Forms:

If not ordering electronically, complete, print, and send a <u>Gastroenterology and Hepatology Test Request</u> (T728) with the specimen.

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

## Ask at Order Entry (AOE) Questions:

Test	Question	Description	Туре	Reporta
ID	ID			ble
PARI	Q00M00	Specimen Source (Required) and Isolate Description-Morphology, tests	Plain	Yes
D	46	performed. (Required)	Text	

#### **Result Codes:**

Result ID	Reporting Name	Туре	Unit	LOINC®
PARID	Parasite Identification	Alphanumeric		20932-0

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



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Supplemental R	eport:
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No

#### **CPT Code Information:**

87168-Arthropod (if appropriate) 87169-Parasite (if appropriate)

#### **Reflex Tests:**

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
BUG	Arthropod Identification	1	87168	No	No, (Bill Only)
WORMY	Parasite Identification	1	87169	No	No, (Bill Only)

### **Reference Values:**

A descriptive report is provided.