

**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 Minimum Volume:**

5 mL

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	No

**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