

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

Specimen Minimum Volume:

2 grams

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
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Fecal	Varies	
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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