

Reporting Title: Cryptosporidium Ag, F**Performing Location:** Rochester**Specimen Requirements:**

Submit only 1 of the following specimens:

Specimen Type: Preserved feces

Supplies:

-Formalin 10% Buffered Neutral 15 mL (T466)

-Stool Collection Kit, Random (T635)

Container/Tube:

Preferred: Stool container with 10% buffered formalin preservative

Acceptable: SAF (sodium acetate formalin)

Specimen Volume: 5 grams

Specimen Stability Information: Ambient (preferred) 60 days

Specimen Type: Unpreserved feces

Supplies:

-Stool container, Small (Random), 4 oz (T288)

-Stool Collection Kit, Random (T635)

Container/Tube: Stool container

Specimen Volume: 5 grams

Specimen Stability Information: Frozen 60 days

Specimen Minimum Volume:

1 gram

Forms:

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

-Gastroenterology and Hepatology Test Request (T728)

-Microbiology Test Request (T244)

Specimen Type	Temperature	Time	Special Container
Fecal	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
24086	Cryptosporidium Ag, F	Alphanumeric		6371-9

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
No**CPT Code Information:**
87328**Reference Values:**
Negative