

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.

Specimen Minimum Volume:

See Specimen Required

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	No

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	Orderable Separately
TISSR	Tissue Processing			No	No (Bill Only)

Reference Values:

Reported as positive or negative