

**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.

**Specimen Minimum Volume:**

See Specimen Required.

**Forms:**

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

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

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
PARID	Q00M0046	Specimen Source (Required) and Isolate Description-Morphology, tests performed. (Required)	Plain Text	No

**Result Codes:**

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

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

87168-Arthropod (if appropriate)

87169-Parasite (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
BUG	Arthropod Identification			No	No (Bill Only)
WORMY	Parasite Identification			No	No (Bill Only)

**Reference Values:**

A descriptive report is provided.