

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**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
Fecal	Varies		

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