

Parasite (Fecal) – Gross Identification

Test Description	Confirmatory examination of suspected parasitic worms of humans.
Test Use	For the confirmation and identification of parasitic worm infections of humans.
Test Department	Microbiology Phone: (860) 920-6596 FAX: (860) 920-6721
Methodology	Macroscopic and microscopic examination
Availability	Daily, Monday-Friday
Specimen Requirements	Recovered worm in 10% formalin or its equivalent
Collection Kit/Container	Sterile urine cup or its equivalent, sealed to prevent leakage during shipment.
Specimen Handling & Transport	Store and transport at ambient temperature.
Unacceptable Conditions	Unlabeled specimen Specimens that have broken or containers that have leaked in transit Worms isolated from animals or the environment Worms not preserved after collection Arthropods (insects) are inappropriate for this assay and will not be accepted.
Requisition Form	Clinical Test Requisition (select Parasite (Fecal)-Gross Identification)
Required Information	Name and address of submitter (and/or Horizon profile #) Patient name or identifier, town of residence (city, state, zip), date of birth Specimen type or source, date collected, test requested Please ensure patient name on the requisition matches that on the specimen.
Limitations	Many helminths can only be detected by observation of ova or larvae in concentrated stool samples. This test is not a replacement for a routine ova and parasite examination.

Revision: 8/25/15