
Lab Dept: Microbiology

Test Name: OVA AND PARASITE EXAM, ASPIRATED SPECIMEN

General Information

Lab Order Codes: OAP

Synonyms: Duodenal aspirate for Ova and Parasites; O & P Exam, duodenal aspirate; O & P Exam, sputum; O & P Exam, urine; Schistosoma Exam, urine

CPT Codes: 87177 – Ova and parasites, direct smears, concentration and identification
88312 – Special stains; Group I for microorganisms, each

Test Includes: Examination of aspirate for intestinal parasites by direct/concentrated microscopic exam and trichrome stain.

If only Cryptosporidium or Giardia lamblia are requested, refer to specific listing for [Cryptosporidium/Giardia FA](#).

Logistics

Lab Testing Sections: Microbiology

Phone Numbers: MIN Lab: 612-813-5866

STP Lab: 651-220-6555

Test Availability: Daily, test performed 0700 – 1500

Turnaround Time: 1 - 2 days

Special Instructions:

- **Specimen site** and **date/time of collection** are required for specimen processing.
- Indicate travel history, clinical diagnosis or parasite suspected on requisition.

Warning: Aspirated specimens collected from a patient infected with parasites are highly infectious. Use extreme caution when *Entamoeba histolytica*, *Hymenolepsis nana*, and *Taenia* sp. are suspected.

Specimen

Specimen Type: Aspirate of cyst or abscess, duodenal aspirate, mid-day urine, sigmoid aspirate, or early morning sputum

Container:	Sterile, leak-proof container
Volume:	3 - 4 mL aspirate, 1-3 mL sputum or entire mid-day urine collection with last voided portion containing blood and mucus.
Collection:	<p>Duodenal Aspirate:</p> <p>Onsite collections ONLY:</p> <ol style="list-style-type: none"> 1. Specimen is obtained by use of a gastroduodenal tube or a fiber optic endoscopy study, either by direct aspiration or into a trap. 2. Place aspirate into a sterile leak-proof container. 3. Transport directly to the laboratory (≤ 15 minutes) since specimens must be examined within 1 hour of collection. <p>Sigmoidoscopy:</p> <p>Onsite collections ONLY:</p> <ol style="list-style-type: none"> 1. Perform flexible or rigid sigmoidoscopy. 2. Aspirate liquid from the inflamed bowel with a pipette passed through the sigmoidoscope. 3. Place aspirate into a leak-proof container. 4. Transport directly to the laboratory (≤ 15 min) since specimens must be examined within 1 hour of collection. <p>Sputum (Expectorate):</p> <p>Onsite collections ONLY:</p> <ol style="list-style-type: none"> 1. Collect early morning specimen under the direct supervision of a nurse or a physician. 2. Have patient rinse or gargle with water to remove superficial flora. 3. Instruct patient to cough deeply to produce a lower respiratory specimen. 4. Exam specimen to make sure it contains thick mucus. Do not submit saliva. 5. Transport directly to the laboratory (≤ 15 min) since specimens must be examined within 1 hour of collection. <p>Urine:</p> <p>Onsite collections ONLY:</p> <ol style="list-style-type: none"> 1. Collect mid-day urine specimen in a sterile container. Peak egg excretion occurs between noon and 3 p.m. 2. For patients with hematuria, eggs are associated with the terminal (last voided) portion of the specimen containing blood and mucus. 3. Transport directly to the laboratory (≤ 15 min) since specimens must be examined within 1 hour of collection.
Transport/Storage:	Transport to the Microbiology Laboratory immediately at room temperature. Do not refrigerate specimen. Refrigeration inhibits the motility of certain parasites.

Sample Rejection: Specimen with a transit time exceeding 1 hour after collection; specimen not submitted in appropriate transport container; improperly labeled specimen; insufficient volume; external contamination. If an unacceptable specimen is received, the physician or nursing station will be notified and another specimen will be requested before the specimen is discarded.

Interpretive

Reference Range: No ova or parasites seen.

Limitations: This procedure does not detect *Cryptosporidium parvum*. Refer to the specific listing for [Cryptosporidium/Giardia FA](#).

Methodology: Concentrated microscopic exam and trichrome stain

References: Cook, JH, and M Pezzlo (1992). Specimen receipt and accessioning. Section 1. Aerobic bacteriology, 1.2.1-4. In HD Isenberg (ed) Clinical Microbiology Procedures Handbook. American Society for Microbiology, Washington DC

Miller, J Michael (1999) A Guide To Specimen Management in Clinical Microbiology, American Society for Microbiology, Washington DC

Miller, J Michael, and HT Holmes (1999) Specimen Collection, Transport, and Storage In PR Murray et al, (ed), Manual of Clinical Microbiology, 7th edition, American Society for Microbiology, Washington DC, pp 33-104

Updates: 11/20/2014: Onsite collections ONLY