Corewell Health Laboratory

Comprehensive Ova and Parasite and Special Stains Approval Review

Date _____ Submitter _____

Ordering Provider _____

Patient Name _____ DOB _____ MRN _____

Giardia/Cryptosporidium Antigen Screen testing date _____

Beaumont Laboratory has implemented an approval process to maintain appropriate utilization.

1. Has the patient traveled/resided outside of the United States recently? ☐ Yes ☐ No
2. Does the patient have unexplained eosinophilia? ☐ Yes ☐ No
3. Is the patient Immunocompromised? ☐ Yes ☐ No
4. Unique exposure (waterborne outbreak, MSM, daycare). ☐ Yes ☐ No

   Specify: _____

Patients must have had a prior negative result to Giardia/Cryptosporidium Antigen Screen (LAB258) and providers must answer yes to one of the 4 questions above to be approved for the tests listed below. (Check box)

☐ Ova and Parasite ☐ Stain, Cyclospora ☐ Microsporidium by PCR