

Beaumont Laboratory

Comprehensive Ova and Parasite and Special Stains Approval Review

Date _____ Submitter _____

Ordering Provider _____

Patient Name _____ DOB _____ MRN _____

Ova and Parasite 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

Patients must have had a prior negative result to Ova and Parasite Antigen Screen (LAB8558)

and answer yes to one of the 3 questions above to be approved for direct Ova and Parasite testing or Special Stains.

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| <input type="checkbox"/> LAB5519 Ova and Parasite | <input type="checkbox"/> LAB5527 Stain, Isospora |
| <input type="checkbox"/> LAB5528 Stain, Microsporidium | <input type="checkbox"/> LAB5524 Stain, Cyclospora |

Date submitted: 08-08-22
Submitted by: Joan Wehby