

Beaumont 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