

Occult Blood, Gastric Contents

Order Name: **GASTRCULT**

Test Number: 3510080

Revision Date: 02/11/2011

TEST NAME	METHODOLOGY	LOINC CODE
Occult Blood, Gastric Contents	Guaiac Colormetric Reaction (GUIAC)	

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	3 mL (1)	See Instructions	Sterile Screwtop Container	Refrigerated
Instructions	Submit only liquid gastric or vomitus contents in a sterile screwtop container. A sterile urine container will be sufficient. Mark container correctly with sample type submitted.			

GENERAL INFORMATION	
Testing Schedule	Sun-Sat
Expected TAT	1-2 Days
CPT Code(s)	82271
Lab Section	Microbiology