








Stool Testing Universal Laboratory (STUL) Kit				Acceptable Alternatives			
Send all (3) kit vials to the laboratory in the kit's white bag or a biohazard bag. Vials must include two patient identifiers . Vials will be saved for add-on testing (stability permitting).							
When possible, aliquot excess stool into a refrigerated sterile container, an EcoFix vial, and a C&S vial.	EcoFix	C&S/Cary-Blair	Sterile Container	LV-PVA Fixative	10% Formalin	SAF Fixative	AlcorFix
Cryptosporidium & Giardia Antigens by EIA (OVAPSC)	<input checked="" type="checkbox"/> Unacceptable	Preferred* <small>*An EcoFix vial (left) is also needed for reflex CRYSP0 to confirm Cryptosporidium-positive EIAs.</small>	<input checked="" type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Unacceptable
Ova & Parasite Examination (OVAP)	<input checked="" type="checkbox"/> Preferred	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Acceptable <small>Both LV-PVA + Formalin Vials are required</small>		<input checked="" type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Acceptable
OVAP can not identify Cryptosporidium, Cyclospora, Cystoisospora, and Microsporidia; CRYSP0 and MICSP0 must be ordered.							
Cryptosporidium, Cyclospora, Cystoisospora Examination (CRYSP0)	<input checked="" type="checkbox"/> Preferred	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Acceptable
Microsporidia Examination (MICSP0)	<input checked="" type="checkbox"/> Preferred	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Acceptable
Enteric Bacterial Panel by PCR (STLPCR)	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Preferred	<input checked="" type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable
Clostridium difficile (C. Diff) Toxin by PCR (CDPCR)	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Preferred	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable
Stool Gastrointestinal Panel by PCR (STGIPI)	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Preferred	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable
Helicobacter pylori Antigen by EIA, Stool (HPYLAG)	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Preferred	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable
Rotavirus Antigen Detection (EROTA)	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Preferred	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable
Fecal Lactoferrin (FECWBC/STLWBC)	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Preferred	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable	<input checked="" type="checkbox"/> Unacceptable

Other/Miscellaneous Stool Testing

Fecal Occult Blood Test (**IFOBT**)
Collection & Transport Item:
OC-Auto® FIT Personal Use Kit



Occult Blood Examination, Diagnostic (**OBDX**)
Collection & Transport Item:
Hemoccult SENSAs Test Kit



Pinworm Preparation (**TAPE**)
Collection & Transport Item:
Pinworm Paddle

