
Reporting Title: Pinworm Exam, Perianal**Performing Location** Rochester**Specimen Requirements:****Supplies:** Swubes (T300)**Specimen Type:** Perianal**Container/Tube:** SWUBEdisposable paddle (Falcon) or similar method of collection**Specimen Volume:** Entire specimen**Collection Instructions:** See [Pinworm Collection Instructions](#) in Special Instructions.**Forms:**[If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:](#)[-Microbiology Test Request \(T244\)](#)[-Gastroenterology and Hepatology Client Test Request \(T728\)](#)

| Specimen Type | Temperature | Time | Special Container |
|---------------|---------------------|--------|-------------------|
| Varies | Ambient (preferred) | 7 days | |
| | Refrigerated | 7 days | |

Ask at Order Entry (AOE) Questions:

| Test ID | Question ID | Description | Type | Reportable |
|---------|-------------|-----------------|------------|------------|
| PINW | Q00M0048 | Specimen Source | Plain Text | Yes |

Supplemental Report:

No

CPT Code Information:

87172

Reference Values:

Negative (reported as positive or negative)