

Overview**Method Name**

Colorimetric Indicator paper

NY State Available

Yes

Specimen**Specimen Type**

Fecal

Specimen Required**Container/Tube:** Stool container**Specimen Volume:** 5 g**Collection Instructions:**

1. Collect a random unpreserved fecal specimen
2. Send frozen

Note: Separate specimens must be submitted when multiple tests are ordered.**Specimen Minimum Volume**

1 g

Reject Due To

Gross hemolysis:	Reject
Thawing:	Cold OK; Warm reject
Diapers	Reject
Specimens containing barium	Reject
Specimens in media or preservatives	Reject
Grossly bloody specimens	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Fecal	Frozen (preferred)	14 days	
	Refrigerated	14 days	

Clinical & Interpretive

Clinical Information

Refer to <https://ltd.aruplab.com/>

Reference Values

5.0-8.5

Performance

PDF Report

No

Day(s) Performed

Monday through Sunday

Report Available

1 to 7 days

Performing Laboratory Location

ARUP Laboratories

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

CPT Code Information

83986

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FPHFL	pH, Fecal	2755-7

Result ID	Test Result Name	Result LOINC® Value
Z2646	pH, Fecal	2755-7