

NEW TEST

NOTIFICATION DATE: March 1, 2021 EFFECTIVE DATE: March 2, 2021

PH, STOOL 994/LAB994

QUICK REFERENCE

Effective March 2, 2021, the pH, stool, referred to LabCorp as a Miscellaneous send out (994/LAB994) will become available.

DETAILS

Test name: pH, stool
Test number: 994
Excellian order LAB994

number:

Abbreviation: MSO
Alternate names: Fecal pH
Stool pH

Useful for:
• Detect carbohydrate and fat malabsorption

· Evaluate small intestinal disaccharidase deficiencies

Barium procedures and laxatives should be avoided for one week prior to

Patient preparation information:

collection of the specimen

Specimen type: Stool, random

Collection container: Screw cap plastic container (non sterile)



Volume: 1 g Minimum volume: 0.5 g

Transport container: Screw cap plastic container (non sterile)

Transport and stability:

Ambient (preferred) - 14 days

Refrigerated – 14 days

Frozen - 14 days

Freeze/thaw cycles - stable x3

Specimen retention

time:

1 week

Reason for rejection: • Specimen contaminated with urine

QUESTIONS: Contact your Allina Health Laboratory account representative, or our Client Services department

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Performing lab: LabCorp (010991): R-NX

Days set up: Daily
TAT: 2 - 5 days

Method: Aqueous stool suspension measured with pH paper

Reference ranges: 0 - 6 months: 4.5 - 5.5

>6 months: 7.0 - 7.5

Clinical information: Stool pH is dependent in part on fermentation of sugars. Colonic fermentation

of normal amounts of carbohydrate sugars and production of fatty acids accounts for the normally slightly acidic pH. If disaccharide intolerance is suspect, simple tests may be performed. Slightly alkaline pH may occur in cases of secretory diarrhea without food intake, colitis, villous adenoma, and possibly with antibiotic usage (with resultant impaired colonic fermentation). A stool pH of <6 (measured by pH paper) is suggestive evidence of sugar malabsorption. Children and some adults notice that their stools have a sickly sweet smell as the result of volatile fatty acids and the presence of undigested lactose. Low stool pH also contributes to the excoriation of perianal skin which

frequently accompanies the diarrhea.

High fecal pH may be a risk factor for colorectal cancer. Intake of oat bran (75–100 g/day over a 14-day period) has been shown capable of reducing fecal

pH by 0.4 units. There is evidence, however, that high fecal pH may be

secondarily rather than primarily related to cancer risk.

CPT codes: 83986

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