

Parasitology Test Request Form

Patient Name or Number	Date Collected	Date Received
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SEX: M F **AGE:** _____ **RACE:** White American Indian Hispanic
Asian Black
COUNTY OF RESIDENCE: _____

In addition to filling out the section above, fill out the section below with your return address. Label sample containers clearly with the patient identification and date.

PARASITOLOGY:

- Routine ova and parasites examination. Submit 3 stool specimens collected over 7-10 days. Submit samples in Formalin and PVA (Para-Pak or similar kit). Routine O & P does NOT allow identification of *Cryptosporidium*, *Cyclospora* or the *Microsporidia*.
- Antigen test for *Giardia lamblia*. Submit stool preserved in 5-10% formalin, SAF, or Ecofix®.
- Antigen test for *Cryptosporidium sp.*. Submit stool preserved in 5-10% formalin, SAF, or Ecofix®.
- Blood for *Malaria*, *Trypanosomiasis* or *Babesiosis*, etc. Submit thin blood smears and thick smears. (1 drop of blood spread to the size of a dime.) Send at least 4 slides of EACH type.
- Tissue parasites. Submit impression smears for *Leishmaniasis* or *Pneumocystis*. Induced sputum is also suitable.
- Acanthamoebae*. Submit CSF, tissue or corneal scrapings. Samples must be at room temperature, not frozen or refrigerated. **THESE ARE EXTREMELY DANGEROUS SPECIMENS. OBSERVE ALL FEDERAL SHIPPING RULES. CONTACT LAB BEFORE SUBMITTING SAMPLES.**
- Pinworms. Collect specimens first thing in the morning, before the patient rises. Use cellophane tape (CLEAR!). Fold it, sticky side out, over a tongue depressor or your finger. Touch the peri-anal area of the patient repeatedly. Stick the tape down to a microscope slide and send it to the lab. Repeat daily for several days.
- Cyclospora cayetanensis*. Submit fresh or formalin-preserved stool.
- Microsporidia. Submit fresh or formalin-preserved stool.

Send report to:

Facility: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____

Send copy to:

Facility: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____