

Testing in Non-Pregnant Adults and Older Children (more than 1 year of age)

Patient Information: *Patient name and collection date must also appear on specimen label.*

Patient's Last Name: _____, First Name: _____ Birth date: _____ Gender: _____
 Patient ID#: _____ Specimen type: _____ Collection date: _____
 Physician's Name: _____ Phone: _____
 Physician's Address: _____ Fax: _____

History (important for proper interpretation of results)

<p>Immunocompromised <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> HIV <input type="checkbox"/> AIDS CD4 count _____ <input type="checkbox"/> Other (please specify) _____</p> <p>Lymphadenopathy <input type="checkbox"/> N <input type="checkbox"/> Y Date of onset _____ Location of node(s) _____ ▶Please include a copy of biopsy report if performed</p> <p>Eye disease <input type="checkbox"/> N <input type="checkbox"/> Y Eye findings _____ <input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral <input type="checkbox"/> Macular involvement <input type="checkbox"/> Peripheral retinal disease</p> <p>Hepatitis <input type="checkbox"/> N <input type="checkbox"/> Y Date of onset _____ Liver Function Tests _____</p>	<p>Myocarditis and/or Polymyositis <input type="checkbox"/> N <input type="checkbox"/> Y Date of onset _____ Creatine Kinase (CK) _____ Myocardial enzymes _____</p> <p>Encephalitis <input type="checkbox"/> N <input type="checkbox"/> Y Date of onset _____ Other Please specify _____</p> <p>Symptoms <input type="checkbox"/> None <input type="checkbox"/> Fever <input type="checkbox"/> Flu-like symptoms <input type="checkbox"/> Other _____</p> <p>Risk Factor(s) (or exposure) <input type="checkbox"/> Ingestion of raw or undercooked meat <input type="checkbox"/> Cat feces <input type="checkbox"/> Gardening <input type="checkbox"/> None <input type="checkbox"/> Other _____</p> <p>Toxoplasma test results from other laboratory IgG: <input type="checkbox"/> Pos. <input type="checkbox"/> Neg IgM: <input type="checkbox"/> Pos. <input type="checkbox"/> Neg <input type="checkbox"/> Other (please specify) _____ ▶Please include a copy of the report if available</p>
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Recommended Tests

*For patients reported to have **positive IgM** results by another laboratory or suspected to have acute toxoplasmosis*

<input type="checkbox"/> IgG (Dye test), IgM ELISA, Avidity	\$385
<input type="checkbox"/> Reflex to other tests in the Toxoplasma Panel as indicated *	\$338
OR	
<input type="checkbox"/> IgG (Dye test), IgM ELISA,	\$243
<input type="checkbox"/> Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated *	\$480

For initial Toxoplasma serology screening

<input type="checkbox"/> IgG (Dye test), IgM ELISA	\$243
<input type="checkbox"/> Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated *	\$480

Other Test Options

<p>Individual tests</p> <p><input type="checkbox"/> IgG (Dye Test) \$123 <input type="checkbox"/> IgM ELISA \$130 <input type="checkbox"/> IgA ELISA \$133 <input type="checkbox"/> AC/HS \$142 <input type="checkbox"/> Avidity; IgG (Dye test) and IgM ELISA will also be performed \$385 <input type="checkbox"/> PCR (see PCR specimen requirements) <input type="checkbox"/> Solid tissues (specimen type) _____ \$408 <input type="checkbox"/> Whole blood, other body fluids (specimen type) _____ \$379 <input type="checkbox"/> Isolation of <i>T. gondii</i> (specimen type) _____ \$434</p>	<p>Panels</p> <p><input type="checkbox"/> Toxoplasma Panel \$581 (IgG (Dye test), IgM ELISA, IgA ELISA, IgE ELISA, AC/HS)</p>
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*Our TSL physicians will review results and select appropriate test(s) in the Toxoplasma Panel (IgG (Dye Test); IgM ELISA, IgA ELISA and IgE ELISA; AC/HS).

Client's Billing address (MUST be included. We cannot bill the patient or insurance.)

Results address

Attn:
 PO# (if required for payment):

Attn:

Phone: _____ Fax: _____
 E-mail: _____

Phone: _____ Fax: _____
 Email: _____

Send to: Toxoplasma Serology Laboratory, Ames Building PAMF/RI, 795 El Camino Real, Palo Alto, CA 94301
 Tel: (650) 853-4828 Fax: (650) 614-3292 Email: toxolab@pamf.org Web site: www.pamf.org/serology

For laboratory use only:

Customer number: _____ Doctor number: _____ Accession number: _____	Specimen condition: <input type="checkbox"/> Normal <input type="checkbox"/> Hemolyzed <input type="checkbox"/> Icteric <input type="checkbox"/> Lipemic Other: _____
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