

Testing in Pregnant Women

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

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

History (important for proper interpretation of results)

Pregnant: Gestational age when specimen collected (must be provided) _____
Immunocompromised N Y HIV AIDS CD4 count _____
Other (please specify) _____
Lymphadenopathy N Y Date of onset _____
 Location of node(s) _____
 ▶Please include a copy of biopsy report if performed

Eye disease N Y
 Eye findings _____
Bilateral Unilateral Macular involvement Peripheral retinal disease

Symptoms None Fever Flu-like symptoms
Other _____
Risk Factor(s) (or exposure) Ingestion of raw or undercooked meat
Cat feces Gardening None
Other _____
Toxoplasma test results from other laboratory IgG: Pos. Neg
 IgM: Pos. Neg
Other (please specify) _____
 ▶Please include a copy of the report if available

Recommended Tests

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

Pregnancy Panel (16 weeks gestation or earlier):
IgG (Dye test), IgM ELISA, Avidity \$445
Reflex to other tests in the Toxoplasma Panel as indicated * \$395

Pregnancy Panel (more than 16 weeks gestation):
IgG (Dye test), IgM ELISA, AC/HS \$457
Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated * \$383

Test to consider according to history and clinical manifestations:
 (see PCR specimen requirements)
PCR in amniotic fluid (18 weeks or later in gestation) \$398

For initial Toxoplasma serology screening or patients reported to have a negative IgM test result by another laboratory

IgG (Dye test), IgM ELISA \$289
Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated * \$551

Other Test Options

Individual tests

IgG (Dye Test) \$144
IgM ELISA \$152
IgA ELISA \$149
AC/HS \$168
Avidity; IgG (Dye test) and IgM ELISA will also be performed \$445
PCR (see PCR specimen requirements)
Solid tissues (specimen type) _____ \$430
Amniotic fluid, whole blood, other body fluids (specimen type) _____ \$398
Isolation of *T. gondii* (specimen type) _____ \$527

Panels

Toxoplasma Panel \$684
 (IgG (Dye test), IgM ELISA, IgA ELISA, IgE ELISA, AC/HS)

*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): _____
 Phone: _____ Fax: _____
 E-mail: _____

Attn: _____
 Phone: _____ Fax: _____
 Email: _____

Send to: Toxoplasma Serology Laboratory, PAMF Ames Building, 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: _____ Specimen condition: _____
 Doctor number: _____ Normal Hemolyzed Icteric Lipemic
 Accession number: _____ Other: _____