

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) _____

Symptoms None Fever Flu-like symptoms

Other _____

Immunocompromised N Y HIV AIDS CD4 count _____

Risk Factor(s) (or exposure) Ingestion of raw or undercooked meat

Other (please specify) _____

Cat feces Gardening None

Lymphadenopathy N Y Date of onset _____

Other _____

Location of node(s) _____

Toxoplasma test results from other laboratory IgG: Pos. Neg

IgM: Pos. Neg

▶Please include a copy of biopsy report if performed

Eye disease N Y

Other (please specify) _____

Eye findings _____

▶Please include a copy of the report if available

Bilateral Unilateral Macular involvement Peripheral retinal disease

Recommended Tests

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

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

Pregnancy Panel (16 weeks gestation or earlier):	
<input type="checkbox"/> IgG (Dye test), IgM ELISA, Avidity	\$385
<input type="checkbox"/> Reflex to other tests in the Toxoplasma Panel as indicated *	\$338
Pregnancy Panel (more than 16 weeks gestation):	
<input type="checkbox"/> IgG (Dye test), IgM ELISA, AC/HS	\$385
<input type="checkbox"/> Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated *	\$338
<i>Test to consider according to history and clinical manifestations: (see PCR specimen requirements)</i>	
<input type="checkbox"/> PCR in amniotic fluid (18 weeks or later in gestation)	\$379

<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

Individual tests	
<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"/> Amniotic fluid, whole blood, other body fluids (specimen type) _____	\$379
<input type="checkbox"/> Isolation of <i>T. gondii</i> (specimen type) _____	\$434

Panels	
<input type="checkbox"/> Toxoplasma Panel (IgG (Dye test), IgM ELISA, IgA ELISA, IgE ELISA, AC/HS)	\$581

*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: _____

Attn: _____

PO# (if required for payment): _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

E-mail: _____

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:
Normal Hemolyzed Icteric Lipemic
 Other: _____