

## Testing in Immunocompromised Patients

**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)

**Category of Immunosuppression**

HIV  AIDS  CD4 count \_\_\_\_\_

**Transplant**

Bone Marrow  HSCT  
 Pre-Transplant  Post Transplant  
 Donor  Recipient

**Solid Organ Transplant**

Heart  Lung  Kidney  Liver  Pancreas  Bowel

**Immunosuppressive Drugs**

Corticosteroids  Anti-TNF Drugs  
 Other (please specify) \_\_\_\_\_

**Cancer**

Please specify Absolute Neutrophil Count \_\_\_\_\_  
 Pre-Chemotherapy  On Chemotherapy  Post Chemotherapy

**Symptoms**  None  Fever  Flu-Like symptoms

Other \_\_\_\_\_

**Hepatitis**  N  Y

**Eye Disease**  N  Y

Eye findings \_\_\_\_\_  
 Bilateral  Unilateral  Macular involvement  Peripheral retinal disease

**Encephalitis**  N  Y Date of onset \_\_\_\_\_

**Pneumonia**  N  Y Date of onset \_\_\_\_\_

**Myocarditis and/or Polymyositis**  N  Y Date of onset \_\_\_\_\_

Creatine Kinase (CK) \_\_\_\_\_ Myocardial Enzymes \_\_\_\_\_

**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

IgG (Dye test), IgM ELISA, Avidity \$445  
 Reflex to other tests in the Toxoplasma Panel as indicated\* \$395

**PCR in body fluids or tissue according to history and symptoms**  
 (see PCR specimen requirements)

Solid tissues (specimen type) \_\_\_\_\_ \$430

Whole blood, bronchoalveolar lavage fluid, vitreous fluid,  
 other body fluids (specify) \_\_\_\_\_ \$398

### 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  
 Isolation of *T. gondii* (specimen type) \_\_\_\_\_ \$527

**Panel**

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: \_\_\_\_\_

Attn: \_\_\_\_\_

PO# (if required for payment): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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](mailto:toxolab@pamf.org) Web site: [www.pamf.org/serology](http://www.pamf.org/serology)

*For laboratory use only:*

Customer number: \_\_\_\_\_  
 Doctor number: \_\_\_\_\_  
 Accession number: \_\_\_\_\_

Specimen condition:  
 Normal  Hemolyzed  Icteric  Lipemic  
 Other: \_\_\_\_\_