Toxoplasma Serology Laboratory (TSL)

Sutter Health
Palo Alto Medical Foundation

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	$516
❑Reflex to other tests in the Toxoplasma Panel as indicated*	$481

PCR in body fluids or tissue according to history and symptoms
(see PCR specimen requirements)
❑Solid tissues (specimen type) _____ $455
❑Whole blood, bronchoalveolar lavage fluid, vitreous fluid, other body fluids (specify) _____ $435

Other Test Options

Individual tests

❑IgG (Dye Test)	$170
❑IgM ELISA	$175
❑IgA ELISA	$170
❑AC/HS	$186
❑Avidity: For clinical recommendations IgG (Dye test) and IgM ELISA are required	$186
❑Isolation of *T. gondii* (specimen type)_____	$627

Panel
❑Toxoplasma Panel $811
(IgG (Dye test), IgM ELISA, IgA ELISA, IgE ELISA, AC/HS)

*If parallel testing is indicated a $70.00 per test charge will be added.

*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.)*

Attn:

PO# (if required for payment):

Phone: Fax:

E-mail:

Results address

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:*_____
*Doctor number:*_____
*Accession number:*_____

Specimen condition:
❑*Normal* ❑*Hemolyzed* ❑*Icteric* ❑*Lipemic*
Other: _____