

Testing in Newborns and Infants (1 year of age or younger)

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 in Newborns and Infants (important for proper interpretation of results)

Eye findings _____ Normal *Hydrocephaly (ventriculomegaly)* N Y Ultrasound CT scan
Neurological findings _____ Normal *Cerebrospinal fluid findings* Cell count _____
Brain calcifications N Y Ultrasound CT Scan Glucose _____ Protein _____ Normal
Transfusion history (dates and types) _____ *Other* Please specify _____

Maternal Serum (important for proper interpretation of results in all infants 1 year of age or younger)

Mother's name _____ Mother's date of birth _____ Mother's serum collection date _____
 Previously tested at the Toxoplasma Serology Laboratory IgG (Dye test), IgM ELISA \$330
 IgG (Dye test), IgM ELISA, AC/HS \$516 Reflex to Avidity and/or to other tests in the Toxoplasma
 Reflex to Avidity and/or to other tests in the Toxoplasma OR Panel as indicated * \$667
 Panel as indicated * \$481

Recommended Tests

For newborns and infants less than 6 months of age

Toxoplasma Infant Panel (IgG (Dye test), IgM ISAGA, IgA ELISA) \$495
Tests to consider according to history and clinical manifestations:
 PCR (see PCR specimen requirements)
 Solid tissues (specimen type) _____ \$455
 Whole blood, other body fluids (specimen type) _____ \$435

For infants 6 months to 1 year of age

IgG (Dye test), IgM ELISA \$330
 Reflex to Avidity and/or to other tests in the Toxoplasma
 Panel as indicated * \$667

Other Test Options

Individual tests
 IgG (Dye Test) \$170
 IgM ISAGA \$175
 IgA ELISA \$170
 PCR (see PCR specimen requirements)
 Solid tissues (specimen type) _____ \$455
 Whole blood, other body fluids (specimen type) _____ \$435
 Isolation of *T. gondii* (specimen type) _____ \$627

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

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
 PCR (see PCR specimen requirements) \$455
 Solid tissues (specimen type) _____ \$435
 Whole blood, other body fluids (specimen type) _____ \$627
 Isolation of *T. gondii* from (specimen type) _____
Panels
 Toxoplasma Panel \$811
 (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: _____