Toxoplasma Serology Laboratory (TSL)

Sutter Health
Palo Alto Medical Foundation

Testing in Non-Pregnant Adults and Older Children (more than 1 year of age)

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)

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

Hepatitis ❑ N ❑Y Date of onset _____

Liver Function Tests _____

Myocarditis and/or Polymyositis ❑N ❑Y Date of onset _____

Creatine Kinase (CK) _____ Myocardial enzymes _____

Encephalitis ❑ N ❑Y Date of onset _____

Other Please specify _____

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		*For initial Toxoplasma serology screening*	
❑IgG (Dye test), IgM ELISA, Avidity	$516	❑IgG (Dye test), IgM ELISA	$330
❑Reflex to other tests in the Toxoplasma Panel as indicated *	$481	❑Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated *	$667
OR			
❑IgG (Dye test), IgM ELISA	$330		
❑Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated *	$667		

Other Test Options

Individual tests		Panels	
❑IgG (Dye Test)	$170	❑Toxoplasma Panel (IgG (Dye test), IgM ELISA, IgA ELISA, IgE ELISA, AC/HS)	$811
❑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* (specimen type)_____			

*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.)*		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 Web site: www.pamf.org/serology

For laboratory use only:

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

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