

## 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

Cat feces Gardening None

Other \_\_\_\_\_

Other (please specify) \_\_\_\_\_

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

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) \_\_\_\_\_

▶Please include a copy of the report if available

Eye findings \_\_\_\_\_

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*

**Pregnancy Panel (16 weeks gestation or earlier):**  
IgG (Dye test), IgM ELISA, Avidity \$516  
Reflex to other tests in the Toxoplasma Panel as indicated \* \$481

**Pregnancy Panel (more than 16 weeks gestation):**  
IgG (Dye test), IgM ELISA, AC/HS \$516  
Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated \* \$481

*Test to consider according to history and clinical manifestations:*  
 (see PCR specimen requirements)

PCR in amniotic fluid (18 weeks or later in gestation) \$435

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

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**

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  
Amniotic fluid, whole blood, other body fluids (specimen type) \_\_\_\_\_ \$627  
Isolation of *T. gondii* (specimen type) \_\_\_\_\_

**Panels**

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.)**

**Results address**

Attn:  
 PO# (if required for payment):

Attn:

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: \_\_\_\_\_