



Section 1 - Patient Information

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)	DOB (DD/MMM/YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK
PATIENT SURNAME	PATIENT FIRST AND MIDDLE NAME	
ADDRESS	CITY	POSTAL CODE

<p>DATE RECEIVED</p> <p>LABORATORY USE ONLY</p> <p>OUTBREAK ID</p>
SAMPLE REF. NO.
DATE COLLECTED (DD/MMM/YYYY)
TIME COLLECTED (HH:MM)

Section 2 - Healthcare Provider Information

<p>ORDERING PHYSICIAN (Provide MSC#) Name and address of report delivery</p> <p><input type="checkbox"/> I do not require a copy of the report</p>	<p>ADDITIONAL COPIES TO: (Address / MSC#)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p>CLINIC OR HOSPITAL Name and address of report delivery</p>	
PHSA CLIENT NO.	

Section 3 - Test(s) Requested

<p>OVA & PARASITES</p> <p>Sample</p> <p><input type="checkbox"/> Feces <input type="checkbox"/> Urine</p> <p>Signs / Symptoms</p> <p><input type="checkbox"/> Asymptomatic</p> <p><input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever <input type="checkbox"/> Other _____</p> <p>Duration: _____ days</p> <p><input type="checkbox"/> High Risk Setting (see reverse)</p> <p><input type="checkbox"/> Immigration (specify below)</p> <p><input type="checkbox"/> Travel within past 12 months, specify below:</p> <p>_____</p> <p>_____</p> <p>SPECIAL TESTS</p> <p>*Consultation required (604) 707-2629</p> <p><input type="checkbox"/> <i>Strongyloides</i> Concentration / Isolation*</p> <p><input type="checkbox"/> ELISA (Amoebiasis)</p> <p><input type="checkbox"/> <i>Schistosoma</i> Hatch Test (Viability)*</p> <p>PINWORM</p> <p>Sample</p> <p><input type="checkbox"/> Sticky paddle (preferred)</p> <p><input type="checkbox"/> Anal swab</p> <p><input type="checkbox"/> Transparent scotch tape</p> <p>For other available tests and additional information, consult the Public Health Laboratory's <i>eLab Handbook</i> at www.elabhandbook.info/PHSA/Default.aspx</p>	<p>BLOOD & TISSUE PARASITES</p> <p>Microscopic Examination Request For</p> <p>Malaria <input type="checkbox"/> Diagnosis <input type="checkbox"/> Confirmation</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Referring Lab Test Results For Malaria</p> <p><input type="checkbox"/> Positive Thin and/or Thick smear <input type="checkbox"/> Negative Thin and/or Thick smear</p> <p><input type="checkbox"/> Positive dipstick (Rapid Test) <input type="checkbox"/> Negative dipstick (Rapid Test)</p> <p><input type="checkbox"/> Dipstick (Rapid Test) not done</p> <p>Sample</p> <p><input type="checkbox"/> Thick & Thin blood smear(s) <input type="checkbox"/> Thick blood smear(s)</p> <p><input type="checkbox"/> EDTA blood <input type="checkbox"/> Thin blood smear(s)</p> <p><input type="checkbox"/> Tissue/Biopsy, specify: _____</p> <p><input type="checkbox"/> Body fluid, specify: _____</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Culture For</p> <p><input type="checkbox"/> <i>Acanthamoeba</i> species <input type="checkbox"/> <i>Leishmania</i> species</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Signs / Symptoms</p> <p><input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever <input type="checkbox"/> Skin lesion <input type="checkbox"/> Eye</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Immigration, specify below</p> <p><input type="checkbox"/> Travel within past 12 months, specify below:</p> <p>_____</p> <p>_____</p>	<p>PARASITE IDENTIFICATION</p> <p>Sample</p> <p><input type="checkbox"/> Worm <input type="checkbox"/> Proglottid</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>_____</p> <p><input type="checkbox"/> Tick</p> <p>Sources Of Tick</p> <p><input type="checkbox"/> Human <input type="checkbox"/> Dog <input type="checkbox"/> Cat</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>_____</p> <p>Name of Pet / Owner (IF NOT noted as the patient above)</p> <p>_____</p> <p>Signs / Symptoms</p> <p><input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Rash (type)</p> <p>_____</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>_____</p> <p><input type="checkbox"/> Travel within past 12 months, specify below:</p> <p>_____</p> <p>_____</p>
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<p>OVA & PARASITES</p>	<p>FECES:</p> <ol style="list-style-type: none"> 1. Do not contaminate with urine, water or soil. With spoon (attached to lid of sample container), add 2 or 3 spoonfuls of fresh sample to the liquid (SAF preservative) in the container. 2. Mix well and screw lid on tightly. <p>URINE:</p> <ol style="list-style-type: none"> 1. Fill the sterile clean vial (no SAF preservative) with midstream to terminal urine (collected between 10:00 am and 3:00 pm). 2. Do not refrigerate if ova hatching test is requested.
<p>PARASITE IDENTIFICATION</p>	<p>TICKS AND OTHER ARTHROPODS:</p> <ol style="list-style-type: none"> 1. All ticks will be identified. PCR for <i>Borrelia burgdorferi</i> will be performed on all tick species except <i>Dermacentor andersoni</i>. Tick(s) may be sent alive or dead (with no preservative) for PCR. <p>Note: Tick culture may also performed on all PCR positive samples, but can only be set up if live ticks were submitted (submit with slightly moistened cotton).</p> <ol style="list-style-type: none"> 2. Other arthropods: Submit dry. <p>WORM OR PROGLOTTID:</p> <ol style="list-style-type: none"> 1. Submit sample unpreserved in 0.85% NaCl. 2. If there is a delay in transit of 3 or more days, submit in 70% alcohol.
<p>BLOOD & TISSUE PARASITES</p>	<p>MALARIA ON-CALL AVAILABLE – CONSULT WITH MEDICAL MICROBIOLOGIST AT (604) 661-7033</p> <p>BLOOD:</p> <ol style="list-style-type: none"> 1. Thin and thick blood smears prepared from newly drawn blood (at height of paroxysm and 8-16 hours later). Blood smears are required for <i>Plasmodium</i> species identification. 2. Malaria dipstick test is available. Submit EDTA blood. 3. Do not refrigerate EDTA blood. 4. Malaria Examination: Blood and smears should be submitted STAT to the laboratory. <p>TISSUE/BIOPSY, BODY FLUID AND CULTURE SAMPLES:</p> <ol style="list-style-type: none"> 1. Refer to eLab, our online guide to services or contact the Parasitology Laboratory at (604) 707-2629.
<p>PINWORM</p> <p>The ideal time for this procedure is early in the morning before arising and before emptying the bowels.</p>	<p>STICKY PADDLE:</p> <ol style="list-style-type: none"> 1. Remove cap which has an inserted paddle with one side coated with a non-toxic mildly adhesive material. This side is marked "sticky side". Do not touch this surface with the fingers. 2. Press the sticky surface against the perianal skin with moderate pressure. <p>VASELINE PARAFFIN ANAL SWAB:</p> <ol style="list-style-type: none"> 1. Remove cap which has an inserted vaseline paraffin anal swab. 2. Press the anal swab against the perianal skin with moderate pressure. <p>TRANSPARENT SCOTCH TAPE PREPARATION:</p> <ol style="list-style-type: none"> 1. Press the transparent scotch tape against the perianal skin with moderate pressure. 2. Place scotch tape on slide.