



BC Centre for Disease Control
Provincial Health Services Authority

Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Parasitology Requisition

Highlighted fields must be completed

Section 1 - Patient/Provider Information (Two matching unique patient identifiers on sample container and requisition are required for sample processing)

PERSONAL HEALTH NUMBER <small>(or out-of-province Health Number)</small>		PATIENT ADDRESS		LABORATORY USE ONLY
PATIENT LAST NAME				
PATIENT FIRST AND MIDDLE NAME		CITY	PROVINCE	
DOB DD / MMM / YYYY	SEX M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> Unk <input type="checkbox"/>	POSTAL CODE	CONTACT NO. (XXX) XXX-XXXX	
SAMPLE REF. NO.	DATE COLLECTED <small>(DD/MMM/YYYY) Unk <input type="checkbox"/></small>	TIME COLLECTED <small>(HH:MM) Unk <input type="checkbox"/></small>		
ORDERING PRACTITIONER (Name, MSP#, Address of report delivery)			ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Limit of 3 copies available) <small>(Name, Address / MSP# / PHSA Client#)</small>	
			1. _____	
			2. _____	
			3. _____	
<input type="checkbox"/> I am a Locum (provide name of Practitioner and Clinic to receive report)				

ADDITIONAL INFORMATION	SIGNATURE OF ORDERING PRACTITIONER	DATE SIGNED
CLINICAL HISTORY	TRAVEL HISTORY	
<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Symptomatic (select symptoms below): <input type="checkbox"/> Fever <input type="checkbox"/> Gastrointestinal symptoms <input type="checkbox"/> Skin lesion <input type="checkbox"/> Ocular Symptoms <input type="checkbox"/> Respiratory symptoms <input type="checkbox"/> Other, specify: _____	Relevant travel history, date(s) and location(s): _____ _____ Immigration and/or Refugee history: _____ _____	

SAMPLE TYPE	Blood	Tissue/Fluid	Stool	Other	Tick (Host)	Worm
<input type="checkbox"/> EDTA blood	<input type="checkbox"/> Unpreserved Bodily fluid/Tissue/Biopsy, specify source: _____	<input type="checkbox"/> Unpreserved Feces	<input type="checkbox"/> Urine	<input type="checkbox"/> Human	<input type="checkbox"/> Worm/proglottid	
<input type="checkbox"/> Thin blood smear	<input type="checkbox"/> Preserved (fixative: _____) Bodily fluid/Tissue/Biopsy, specify source: _____	<input type="checkbox"/> Feces in SAF	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Dog	<input type="checkbox"/> Pinworm paddle	
<input type="checkbox"/> Thick blood smear	<input type="checkbox"/> Corneal scraping	<input type="checkbox"/> Fecal swab		<input type="checkbox"/> Other, specify: _____		
	<input type="checkbox"/> Skin scraping					

Section 2 - Test(s) Requested For more test information refer to our online guide to services, eLab Handbook at www.elabhandbook.info/PHSA/Default.aspx

<p>PARASITES</p> <input type="checkbox"/> Ova & Parasites <input type="checkbox"/> Query organism (optional): _____ <input type="checkbox"/> Pinworm exam (paddle preferred) <input type="checkbox"/> Special tests <input type="checkbox"/> <i>E. histolytica</i> PCR/EIA (unpreserved stool) <input type="checkbox"/> <i>Strongyloides</i> agar plate culture (requires pre-approval) <input type="checkbox"/> <i>Schistosoma</i> PCR/hatch test (requires pre-approval) <input type="checkbox"/> Blood & tissue parasites <small>*Medical Microbiologist approval required</small> <table border="1"> <thead> <tr> <th></th> <th>Microscopy</th> <th>Culture</th> <th>PCR</th> </tr> </thead> <tbody> <tr><td>Leishmania</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Trypanosoma*</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Free-living amoeba</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Toxoplasma</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Echinococcus</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Taenia solium</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Trichinella* (send out for further testing may be required)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Babesia*</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Filaria, specify: _____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Microscopy	Culture	PCR	Leishmania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trypanosoma*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free-living amoeba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxoplasma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Echinococcus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taenia solium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trichinella* (send out for further testing may be required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Babesia*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filaria, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>MALARIA</p> <p>Examination request for</p> <input type="checkbox"/> Confirmation of acute site results and/or species ID <input type="checkbox"/> Investigation of unusual or discrepant result <p>Referring lab test results for malaria</p> <table border="1"> <thead> <tr> <th></th> <th>Positive</th> <th>Negative</th> <th>Not performed</th> </tr> </thead> <tbody> <tr> <td>Thin smear</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Parasitemia: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Thick smear</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Rapid test (RDT) (specify below): Test used: _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LAMP (molecular)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>ECTOPARASITE IDENTIFICATION AND MACROSCOPIC EXAMINATION</p> <input type="checkbox"/> Tick <input type="checkbox"/> Scabies <input type="checkbox"/> Worm/proglottid <input type="checkbox"/> Other ectoparasites, specify: _____ <p>OTHER TESTS</p> <input type="checkbox"/> Other, specify: _____		Positive	Negative	Not performed	Thin smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parasitemia: _____				Thick smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rapid test (RDT) (specify below): Test used: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LAMP (molecular)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 within 30 minutes of collection. 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 12:00 pm 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. Tick(s) may be sent alive or dead (with no preservative) for PCR. 2. Ticks and other arthropods: Submit dry. <p>WORM OR PROGLOTTID:</p> <ol style="list-style-type: none"> 1. Submit unpreserved in normal saline. 2. If there is a delay in transit of three or more days, submit in 70% alcohol.
<p>BLOOD</p>	<ol style="list-style-type: none"> 1. Submit referring lab test results for malaria in requisition form. 2. Submit ≥ 3 thick and 3 thin smears prepared within 1 hour of collection, and EDTA blood to BCCDC for testing. Please include original smears read by the referring laboratory. 3. Do not refrigerate EDTA blood. 4. Submit all positive samples without delay to BCCDC.
<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 (Preferred method):</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. Paddles contaminated with feces will not be processed. <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. DO NOT use translucent tape. Avoid contaminating with feces. 2. Place scotch tape on slide. Scotch tape preparations contaminated with feces will not be processed.

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