

CENTERS FOR DISEASE CONTROL AND PREVENTION
Division of Parasitic Diseases

Patient History Form Serology Specimen Submission

Physician: _____ Fax: _____

Phone: _____ Email: _____

Mailing Address for Results:

Date specimen drawn: ____/____/____ Date specimen shipped to CDC: ____/____/____

CDC staff person contacted: _____

Patient name: (last) _____ (first) _____

Birthdate: ____/____/____ Sex: [] Male [] Female Patient Identification number: _____

Exposure history (native, resident, or visitor of?): _____

Symptomatic? [] Yes [] No Date of onset: ____/____/____

Brief clinical summary: _____

Previous applicable lab results (O&P, serology, etc.): _____

Specimen Requirements: Adults: 3 ml serum (separated from RBCs before shipping); small children: 0.5 ml serum. May be at room temperature. Acute and convalescent specimens are not necessary for most diseases. (For Chagas and Leishmaniasis culture or PCR, call Frank Steurer for special instructions at (770) 488 4475).

Test requested:

- | | | |
|---|---|--|
| <input type="checkbox"/> Amebiasis | <input type="checkbox"/> Filariasis (<i>W. bancrofti</i>) | <input type="checkbox"/> Schistosomiasis |
| <input type="checkbox"/> Babesiosis | <input type="checkbox"/> Leishmaniasis | <input type="checkbox"/> Toxocariasis |
| <input type="checkbox"/> Chagas disease | <input type="checkbox"/> Malaria | <input type="checkbox"/> Toxoplasmosis |
| <input type="checkbox"/> Cysticercosis | <input type="checkbox"/> Paragonimiasis | <input type="checkbox"/> Trichinellosis |
| <input type="checkbox"/> Echinococcosis | <input type="checkbox"/> Strongyloidiasis | |

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