



Blood Parasite Testing Discovery Form

Questionnaire	Answer(s)
<p>1. Which blood parasite is on the differential?</p> <p>If trypanosomes or microfilaria are suspected, this must be communicated to IUH-DCM so that the specimen can be routed to a reference laboratory.</p>	<p><input type="checkbox"/> Trypanosomes, <input type="checkbox"/> Microfilaria, <input type="checkbox"/> Others: _____</p>
<p>2. Is the patient admitted?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Date: _____</p>
<p>3. Has the patient been experiencing unexplained febrile episodes?</p> <p>Relative to the time this specimen was drawn (or, less ideally, the time this order is being placed), when was the last febrile episode?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Date: _____</p>
<p>4. Has the patient traveled outside the U.S. in the last 5 years, and, if so, where? What was the date of return to the U.S.?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Date: _____</p>
<p>5. Where does the patient presently live in the U.S. and is it near an airport?</p>	<p>Location(s): _____</p>
<p>6. Has malaria ever been diagnosed in the patient before? If so, what species was identified?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO _____</p>
<p>7. What anti-parasitic medication (prophylaxis or otherwise) has the patient received, and how often? When was the last dose taken?</p>	<p>Med.: _____ Dose: _____ Frequency: _____</p>
<p>8. Has the patient ever received a blood transfusion? Is there a possibility of other needle transmission (intravenous drug use)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO _____</p>
<p>9. When was the blood specimen drawn and was the patient symptomatic at the time? Is there any evidence of fever periodicity?</p>	<p><input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic _____</p>

For questions regarding Test Requirements or Ordering, contact IU Health Pathology Laboratory Customer Care at 317.491.6000 or 800.433.0740. For other questions contact John-Paul Lavik, MD/PhD, Section Director of Parasitology, (jlavik@iuhealth.org).