Toxoplasma Serology Laboratory (TSL)

Sutter Health
Palo Alto Medical Foundation
We Plus You

Testing in Immunocompromised Patients

Patient Information: *Patient name and collection date must also appear on specimen label.*

Patient's Last Name: Kennedy, First Name: Melissa Birth date: 11/28/1988 Gender: F

Patient ID#: 71455700 Specimen type: Serum Collection date: 12/16/2025

Physician's Name: Megan Wilde, MD Phone:

Physician's Address: Fax:

History (important for proper interpretation of results)

Category of Immunosuppression
❑HIV ❑AIDS ❑CD4 count

Transplant
❑Bone Marrow ❑HSCT
☒Pre-Transplant ❑Post Transplant
❑Donor ☒Recipient

Solid Organ Transplant
☒Heart ❑Lung ❑Kidney ❑Liver ❑Pancreas ❑Bowel

Immunosuppressive Drugs
❑Corticosteroids ❑Anti-TNF Drugs
❑Other (please specify)

Cancer
Please specify Absolute Neutrophil Count
❑Pre-Chemotherapy ❑On Chemotherapy ❑Post Chemotherapy

Symptoms ❑None ❑Fever ❑Flu-Like symptoms
❑Other

Hepatitis ❑N ❑Y

Eye Disease ❑N ❑Y
Eye findings
❑Bilateral ❑Unilateral ❑Macular involvement ❑Peripheral retinal disease

Encephalitis ❑N ❑Y Date of onset

Pneumonia ❑N ❑Y Date of onset

Myocarditis and/or Polymyositis ❑N ❑Y Date of onset
Creatine Kinase (CK) Myocardial Enzymes

Toxoplasma test results from other laboratory IgG: ❑Pos. ❑Neg.
IgM: ❑Pos. ❑Neg.
❑Other (please specify)
▸ Please include a copy of the report if available

Recommended Tests

❑IgG (Dye test), IgM ELISA, Avidity	$445
❑Reflex to other tests in the Toxoplasma Panel as indicated*	$395

PCR in body fluids or tissue according to history and symptoms
(see PCR specimen requirements)

❑Solid tissues (specimen type)	$430
❑Whole blood, bronchoalveolar lavage fluid, vitreous fluid, other body fluids (specify)	$398

Other Test Options

Individual tests

❑IgG (Dye Test)	$144
❑IgM ELISA	$152
❑IgA ELISA	$149
❑AC/HS	$168
❑Avidity: IgG (Dye test) and IgM ELISA will also be performed	$445
❑Isolation of *T. gondii* (specimen type)	$527

Panel

☒Toxoplasma Panel (IgG (Dye test), IgM ELISA, IgA ELISA, IgE ELISA, AC/HS)	$684

*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.)*

Attn:

PO# (if required for payment):

Phone: Fax:

E-mail:

Results address

Attn:

Phone: Fax:

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 Web site: www.pamf.org/serology

For laboratory use only:

Customer number:
Doctor number:
Accession number:

Specimen condition:
❑*Normal* ❑*Hemolyzed* ❑*Icteric* ❑*Lipemic*
Other: