Toxoplasma Serology Laboratory (TSL)
Research Institute

Palo Alto Medical Foundation
A Sutter Health Affiliate

Testing in Newborns and Infants (1 year of age or younger)

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

Patient's Last Name: _____, First Name: _____ Birth date: _____ Gender: _____

Patient ID#: _____ Specimen type: _____ Collection date: _____

Physician's Name: _____ Phone: _____

Physician's Address: _____ Fax: _____

History in Newborns and Infants (important for proper interpretation of results)

Eye findings _____ ❑Normal
Neurological findings _____ ❑Normal
Brain calcifications ❑N ❑Y ❑Ultrasound ❑CT Scan
Transfusion history (dates and types) _____

Hydrocephaly (ventriculomegaly) ❑N ❑Y ❑Ultrasound ❑CT scan
Cerebrospinal fluid findings Cell count _____
Glucose _____ Protein _____ ❑Normal
Other Please specify _____

Maternal Serum (important for proper interpretation of results in all infants 1 year of age or younger)

Mother's name _____ Mother's date of birth _____ Mother's serum collection date _____

❑Previously tested at the Toxoplasma Serology Laboratory
❑IgG (Dye test), IgM ELISA, AC/HS $351
❑Reflex to Avidity and/or to other tests in the Toxoplasma Panel as indicated * $307

OR

❑IgG (Dye test), IgM ELISA $221
❑Reflex to Avidity and/or to other tests in the Toxoplasma Panel as indicated * $437

Recommended Tests

For newborns and infants less than 6 months of age

❑Toxoplasma Infant Panel (IgG (Dye test), IgM ISAGA, IgA ELISA) $338

Tests to consider according to history and clinical manifestations:
❑PCR (see PCR specimen requirements)
❑Solid tissues (specimen type) _____ $398
❑Whole blood, other body fluids (specimen type) _____ $369

For infants 6 months to 1 year of age

❑IgG (Dye test), IgM ELISA $221
❑Reflex to Avidity and/or to other tests in the Toxoplasma Panel as indicated * $437

Other Test Options

Individual tests
❑IgG (Dye Test) $114
❑IgM ISAGA $121
❑IgA ELISA $126
❑PCR (see PCR specimen requirements)
❑Solid tissues (specimen type) _____ $398
❑Whole blood, other body fluids (specimen type) _____ $369
❑Isolation of *T. gondii* (specimen type) _____ $429

Other Test Options

Individual tests
❑IgG (Dye test) $114
❑IgM ELISA $121
❑IgA ELISA $126
❑AC/HS $130
❑Avidity; IgG (Dye test) and IgM ELISA will also be performed $351
❑PCR (see PCR specimen requirements)
❑Solid tissues (specimen type) _____ $398
❑Whole blood, other body fluids (specimen type) _____ $369
❑Isolation of *T. gondii* from (specimen type) _____ $429

Panels
❑Toxoplasma Panel $528
(IgG (Dye test), IgM ELISA, IgA ELISA, IgE ELISA, AC/HS)

*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, Ames Building PAMF/RI, 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: _____