Toxoplasma Serology Laboratory (TSL)

Palo Alto Medical Foundation
A Sutter Health Affiliate

Testing in Pregnant Women

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

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

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

Physician's Name: _____ Phone: _____

Physician's Address: _____ Fax: _____

History (important for proper interpretation of results)

Pregnant: Gestational age when specimen collected (must be provided)

_____

Immunocompromised ❑N ❑Y ❑HIV ❑AIDS CD4 count _____

❑Other (please specify) _____

Lymphadenopathy ❑N ❑Y Date of onset _____

Location of node(s) _____

▸*Please include a copy of biopsy report if performed*

Eye disease ❑N ❑Y

Eye findings _____

❑Bilateral ❑Unilateral ❑Macular involvement ❑Peripheral retinal disease

Symptoms ❑None ❑Fever ❑Flu-like symptoms

❑Other _____

Risk Factor(s) (or exposure) ❑Ingestion of raw or undercooked meat

❑Cat feces ❑Gardening ❑None

❑Other _____

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

For patients reported to have positive IgM results by another laboratory or suspected to have acute toxoplasmosis		*For initial Toxoplasma serology screening or patients reported to have a negative IgM test result by another laboratory*	
Pregnancy Panel (16 weeks gestation or earlier):		❑IgG (Dye test), IgM ELISA	$243
❑IgG (Dye test), IgM ELISA, Avidity	$385	❑Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated *	$480
❑Reflex to other tests in the Toxoplasma Panel as indicated *	$338		
Pregnancy Panel (more than 16 weeks gestation):			
❑IgG (Dye test), IgM ELISA, AC/HS	$385		
❑Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated *	$338		
Test to consider according to history and clinical manifestations: (see PCR specimen requirements)			
❑PCR in amniotic fluid **(18 weeks or later in gestation)**	$379		

Other Test Options

Individual tests		**Panels**	
❑IgG (Dye Test)	$123	❑Toxoplasma Panel (IgG (Dye test), IgM ELISA, IgA ELISA, IgE ELISA, AC/HS)	$581
❑IgM ELISA	$130		
❑IgA ELISA	$133		
❑AC/HS	$142		
❑Avidity; IgG (Dye test) and IgM ELISA will also be performed	$385		
❑PCR (see PCR specimen requirements)			
❑Solid tissues (specimen type) _____	$408		
❑Amniotic fluid, whole blood, other body fluids (specimen type)_____	$379		
❑Isolation of *T. gondii* (specimen type)_____	$434		

*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.)***	**Results address**
Attn:	**Attn:**
PO# (if required for payment):	
Phone: **Fax:**	**Phone:** **Fax:**
E-mail:	**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: _____