

**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*

<b>Pregnancy Panel (16 weeks gestation or earlier):</b>	
<input type="checkbox"/> IgG (Dye test), IgM ELISA, Avidity	\$516
<input type="checkbox"/> Reflex to other tests in the Toxoplasma Panel as indicated *	\$481
<b>Pregnancy Panel (more than 16 weeks gestation):</b>	
<input type="checkbox"/> IgG (Dye test), IgM ELISA, AC/HS	\$516
<input type="checkbox"/> Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated *	\$481
<i>Test to consider according to history and clinical manifestations: (see PCR specimen requirements)</i>	
<input type="checkbox"/> PCR in amniotic fluid (18 weeks or later in gestation)	\$435

*For initial Toxoplasma serology screening or patients reported to have a **negative IgM** test result by another laboratory*

<input type="checkbox"/> IgG (Dye test), IgM ELISA	\$330
<input type="checkbox"/> Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated *	\$667

**Other Test Options**

<b>Individual tests</b>		<b>Panels</b>	
<input type="checkbox"/> IgG (Dye Test)	\$170	<input type="checkbox"/> Toxoplasma Panel	\$811
<input type="checkbox"/> IgM ELISA	\$175	(IgG (Dye test), IgM ELISA, IgA ELISA, IgE ELISA, AC/HS)	
<input type="checkbox"/> IgA ELISA	\$170		
<input type="checkbox"/> AC/HS	\$186		
<input type="checkbox"/> Avidity; for clinical recommendations IgG (Dye test) and IgM ELISA are required	\$186		
<input type="checkbox"/> PCR (see PCR specimen requirements)	\$455		
<input type="checkbox"/> Solid tissues (specimen type) _____	\$435		
<input type="checkbox"/> Amniotic fluid, whole blood, other body fluids (specimen type) _____	\$627		
<input type="checkbox"/> Isolation of <i>T. gondii</i> (specimen type) _____			
		*If parallel testing is indicated a \$70.00 per test charge will be added.	

\*Our Remington Lab 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:  
PO# (if required for payment):

Attn:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Email: \_\_\_\_\_

Send to: Dr. Jack S. Remington Laboratory for Specialty Diagnostics, 795 El Camino Real, Ames Building, Palo Alto, CA 94301  
 Tel: (650) 853-4828 Fax: (650) 614-3292 Email: [RemingtonLab@sutterhealth.org](mailto:RemingtonLab@sutterhealth.org) Web site: [www.sutterhealth.org/RemingtonLab](http://www.sutterhealth.org/RemingtonLab)

*For laboratory use only:* Customer number: \_\_\_\_\_ Specimen condition:  
 Doctor number: \_\_\_\_\_ Normal Hemolyzed Icteric Lipemic  
 Accession number: \_\_\_\_\_ Other: \_\_\_\_\_