

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 **Hydrocephaly (ventriculomegaly)** ☐ N ☐ Y ☐ Ultrasound ☐ CT scan
Neurological findings _____ ☐ Normal **Cerebrospinal fluid findings** Cell count _____
Brain calcifications ☐ N ☐ Y ☐ Ultrasound ☐ CT Scan Glucose _____ Protein _____ ☐ Normal
Transfusion history (dates and types) _____ **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 \$330
☐ IgG (Dye test), IgM ELISA, AC/HS \$516 ☐ Reflex to Avidity and/or to other tests in the Toxoplasma
☐ Reflex to Avidity and/or to other tests in the Toxoplasma OR Panel as indicated * \$667
Panel as indicated * \$481

Recommended Tests

For newborns and infants less than 6 months of age

☐ Toxoplasma Infant Panel (IgG (Dye test), IgM ISAGA, IgA ELISA) \$495
Tests to consider according to history and clinical manifestations:
☐ PCR (see PCR specimen requirements)
☐ Solid tissues (specimen type) _____ \$455
☐ Whole blood, other body fluids (specimen type) _____ \$435

Other Test Options

Individual tests
☐ IgG (Dye Test) \$170
☐ IgM ISAGA \$175
☐ IgA ELISA \$170
☐ PCR (see PCR specimen requirements)
☐ Solid tissues (specimen type) _____ \$455
☐ Whole blood, other body fluids (specimen type) _____ \$435
☐ Isolation of *T. gondii* (specimen type) _____ \$627

*If parallel testing is indicated a \$70.00 per test charge will be added.

For infants 6 months to 1 year of age

☐ IgG (Dye test), IgM ELISA \$330
☐ Reflex to Avidity and/or to other tests in the Toxoplasma
Panel as indicated * \$667

Other Test Options

Individual tests
☐ IgG (Dye test) \$170
☐ IgM ELISA \$175
☐ IgA ELISA \$170
☐ AC/HS \$186
☐ Avidity; for clinical recommendations IgG (Dye test) and IgM ELISA are required \$186
☐ PCR (see PCR specimen requirements) \$455
☐ Solid tissues (specimen type) _____ \$435
☐ Whole blood, other body fluids (specimen type) _____ \$627
☐ Isolation of *T. gondii* from (specimen type) _____
Panels
☐ Toxoplasma Panel \$811
(IgG (Dye test), IgM ELISA, IgA ELISA, IgE ELISA, AC/HS)

*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.)

Attn:

PO# (if required for payment):

Phone:

Fax:

E-mail:

Results address

Attn:

Phone:

Fax:

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 Web site: www.sutterhealth.org/RemingtonLab

For laboratory use only:

Customer number: _____
Doctor number: _____
Accession number: _____

Specimen condition:
☐ Normal ☐ Hemolyzed ☐ Icteric ☐ Lipemic
Other: _____