Dr. Jack S. Remington Laboratory for Specialty Diagnostics
formerly known as the Toxoplasma Serology Laboratory

Sutter Health
Palo Alto Medical Foundation

Testing in Non-Pregnant Adults and Older Children (more than 1 year of age)

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 (important for proper interpretation of results)

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

Hepatitis ❑ N ❑Y Date of onset ____________

Liver Function Tests ____________

Myocarditis and/or Polymyositis ❑N ❑Y Date of onset ____________

Creatine Kinase (CK) ____________ Myocardial enzymes ____________

Encephalitis ❑ N ❑Y Date of onset ____________

Other Please specify ____________

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 <u>positive IgM</u> results by another laboratory or suspected to have acute toxoplasmosis

❑IgG (Dye test), Remington IgM ELISA, Avidity	$546
❑Reflex to other tests in the Toxoplasma Panel as indicated *	$526
OR	
❑IgG (Dye test), Remington IgM ELISA	$350
❑Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated *	$722

For initial Toxoplasma serology screening

❑IgG (Dye test), Remington IgM ELISA	$350
❑Reflex to Avidity, and/or other tests in the Toxoplasma Panel as indicated *	$722

Other Test Options

Individual tests (Preferred)

❑IgG (Dye Test)	$180
❑Remington IgM ELISA	$185
❑Remington IgA ELISA	$180
❑AC/HS	$196
❑Avidity; for clinical recommendations IgG (Dye test) and Remington IgM ELISA are required	$196

❑PCR (see PCR specimen requirements)	
❑Solid tissues (specimen type) ____________	$485
❑Whole blood, other body fluids (specimen type) ____________	$465
❑Isolation of *T. gondii* (specimen type)____________	$677
Panels	
❑Toxoplasma Panel (IgG (Dye test), Remington IgM ELISA, Remington IgA ELISA, Remington IgE ELISA, AC/HS)	$876

***If parallel testing is indicated a $90.00 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.)***

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: ____________

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