

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), Remington IgM ELISA \$350
 IgG (Dye test), Remington IgM ELISA, AC/HS, Avidity \$742 Reflex to Avidity and/or to other tests in the Toxoplasma
 Reflex to other tests in the Toxoplasma Panel as indicated * \$330 **OR** Panel as indicated * \$722

Recommended Tests

For newborns and infants less than 6 months of age

Toxoplasma Infant Panel (IgG (Dye test), Remington IgM ISAGA, Remington IgA ELISA) \$515
Tests to consider according to history and clinical manifestations:
 PCR (see PCR specimen requirements)
 Solid tissues (specimen type) _____ \$485
 Whole blood, other body fluids (specimen type) _____ \$465

For infants 6 months to 1 year of age

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

Other Test Options

Individual tests (Preferred)

IgG (Dye Test) \$180
 Remington IgM ISAGA \$185
 Remington IgA ELISA \$180
 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

If parallel testing is indicated a 90.00 per test charge will be added.

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 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* from (specimen type) _____ \$677

Panels

Toxoplasma Panel \$876
 (IgG (Dye test), Remington IgM ELISA, Remington IgA ELISA, Remington 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: _____ Specimen condition:
 Doctor number: _____ Normal Hemolyzed Icteric Lipemic
 Accession number: _____ Other: _____