

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

Pregnancy Panel (16 weeks gestation or earlier):

IgG (Dye test), Remington IgM ELISA, Avidity \$546

Reflex to other tests in the Toxoplasma Panel as indicated * \$526

Pregnancy Panel (more than 16 weeks gestation):

IgG (Dye test), Remington IgM ELISA, Avidity, AC/HS \$742

Reflex to other tests in the Toxoplasma Panel as indicated * \$330

Test to consider according to history and clinical manifestations:
 (see PCR specimen requirements)

PCR in amniotic fluid (18 weeks or later in gestation) \$465

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

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

Amniotic fluid, whole blood, other body fluids (specimen type) _____ \$465

Isolation of *T. gondii* (specimen type) _____ \$677

Panels

Toxoplasma Panel \$876

(IgG (Dye test), Remington IgM ELISA, Remington IgA ELISA, Remington IgE ELISA, AC/HS)

***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: _____