



THE DIAGNOSTIC PARASITOLOGY LABORATORY

Tel: +44 (0)20 7927 2427. Fax: +44 (0)20 7637 0248. www.parasite-referencelab.co.uk

ACANTHAMOEBA SPECIMEN REFERRAL FORM

Patient Surname	<input type="text"/>	Other names	<input type="text"/>
Date of Birth	<input type="text"/>	m/f	<input type="text"/>
NHS no. (or Hosp no.)	<input type="text"/>	Lab no.	<input type="text"/>

<p>Name and address of doctor referring specimen:</p> <p>Name and address for reports (if different):</p>	<p>ESSENTIAL: telephone number for contact relating to this specimen</p> <p>Name and address for invoices (if different):</p> <p>Purchase order number:</p>																			
<p>Type of specimen: (please tick as appropriate)</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Right</th> <th style="text-align: center;">Left</th> </tr> </thead> <tbody> <tr> <td>Corneal scrape / biopsy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Corneal swab</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Contact lens</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Other (please specify below):</td> </tr> </tbody> </table>		Right	Left	Corneal scrape / biopsy	<input type="checkbox"/>	<input type="checkbox"/>	Corneal swab	<input type="checkbox"/>	<input type="checkbox"/>	Contact lens	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify below):			<p>Investigation required:</p> <table style="width: 100%;"> <tr> <td>Culture + PCR</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Culture only</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Specimen date:</p>	Culture + PCR	<input type="checkbox"/>	Culture only	<input type="checkbox"/>
	Right	Left																		
Corneal scrape / biopsy	<input type="checkbox"/>	<input type="checkbox"/>																		
Corneal swab	<input type="checkbox"/>	<input type="checkbox"/>																		
Contact lens	<input type="checkbox"/>	<input type="checkbox"/>																		
Other (please specify below):																				
Culture + PCR	<input type="checkbox"/>																			
Culture only	<input type="checkbox"/>																			
<p>Clinical details:</p> <p>Please give details of antimicrobial treatment:</p>																				

Please return form and specimen by post/courier to **The Diagnostic Parasitology Laboratory, Faculty of Infectious & Tropical Diseases, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT** OR via Hays DX to **HPA Malaria Reference Lab, DX 6641200, Tottenham Crt RD92WC**. **SEE OVERLEAF FOR SPECIMEN REQUIREMENTS / GUIDELINES**

Guidelines for referral of specimens to the Diagnostic Parasitology Laboratory at the London School of Hygiene and Tropical Medicine for the laboratory diagnosis of *Acanthamoeba* keratitis (AK)

All specimens should be submitted for testing together with a completed ***Acanthamoeba* DPL referral form**
See previous page, and available to download and print from: www.parasite-referencelab.co.uk

The highest laboratory diagnostic sensitivity for AK is achieved through use of both *in vitro* culture /
microscopy and a probe-based qPCR.

Contact: please telephone the Laboratory with queries, or for advice: 020 7927 2427.

Suitable sample types & sample preparation:

- **Clinical samples: the ideal and preferred sample for diagnosis of AK is a corneal scrape / biopsy.** The material should be collected with a needle or blade and rinsed into a small volume (1 - 2mL) of sterile saline / sterile distilled water in a small (<5mL) sterile vial / tube. **Remove blades or needles as soon as possible after rinsing and before sending.** Please do NOT leave blades in the tube as they rust: rust inhibits our PCR and may also have a detrimental effect on culture isolation.

Other clinical sample types:

- Corneal swabs. Do not send dry swabs: please add a small volume (1 - 2mL) of sterile saline or sterile distilled water to the swab to prevent drying.
 - Corneal fluids, washings etc. should be sent in a small (<5mL) sterile vial / tube
 - Punch biopsies or portions of excised cornea may also be submitted: put sample into a small volume of sterile saline / distilled water in a small sterile vial.
- **Non-clinical samples.** Contact lenses should be sent in their lens cases i.e. in used contact lens fluid. Culture is performed on lenses and associated fluid; PCR is performed on fluid only. NB: isolation of *Acanthamoeba* from contact lens-related specimens, whilst suggestive, does not prove the amoeba as causing the patient's symptoms. Please note: we do not test commercial contact lens solutions (other than that already in the patients' contact lens case).
 - **Culture-positive sample isolates for confirmation / identification:** please send original culture plate, if possible, or blocks of agar from the plate in a sterile vial.

Please ensure all containers are tightly screwed and use Parafilm (NOT Sellotape) to prevent leakage during transit.

Specimen turnaround time (TAT): is 2 - 10 working days. Positive results from either culture or qPCR method will be telephoned in advance of the final result.

Sending samples: by post / courier: by Hays DX:

Diagnostic Parasitology Laboratory
LSHTM
Keppel Street, LONDON
WC1E 7HT

HPA Malaria Reference Lab
TOTTENHAM CRT RD92WC
DX 6641200