



THE DIAGNOSTIC PARASITOLOGY LABORATORY

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T. CRUZI 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>ESSENTIAL INFORMATION : Telephone number for contact relating to this specimen:</p>	<p>Name and address for reports (if different):</p> <p>Name and address for invoices (if different):</p> <p>Purchase order number:</p>
<p>Investigation required:</p> <p><i>T. cruzi qPCR (Chagas disease)</i></p>	<p>Specimen requirements:</p> <p>Adults: 5 - 10mL EDTA blood <input type="checkbox"/></p> <p>Neonates: 0.5 - 2mL EDTA blood <input type="checkbox"/></p> <p>Specimen date:</p>

Clinical / diagnostic details: (Please circle answers as appropriate) Please state if high risk and nature of risk.....

Is this a new patient (inc. neonate) with recent exposure or risk of *T. cruzi* (acute) infection ? Y / N
 If yes, give details of risk / exposure

Is patient known to be seropositive for *T. cruzi* (chronic infection) ? Y / N
 NB: Please send serum sample to the Hospital for Tropical Diseases for *T. cruzi* serology if status not known

Change in status of chronic Chagas patient ? Y / N if yes, give details

Has patient been treated for Chagas ? Y / N if yes, give details

Is patient pregnant or immunosuppressed? Y / N If yes, give details

Is patient symptomatic? Y / N If yes, give details

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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