



## THE DIAGNOSTIC PARASITOLOGY LABORATORY

Tel: +44 (0)20 7927 2427 [www.parasite-referencelab.co.uk](http://www.parasite-referencelab.co.uk)

### T. CRUZI qPCR SPECIMEN REFERRAL FORM

Patient  
Surname

Other  
names

Date  
of Birth

m/f

NHS no.  
(or Hosp no.)

Lab no.

Name and address of doctor referring specimen:

Name and address for reports (if different):

Name and address for invoices (if different):

Purchase order number:

**ESSENTIAL INFORMATION** : Telephone number for contact relating to this specimen:

Investigation required:

*T. cruzi* qPCR (Chagas disease)

Specimen requirements:

Adults: 8 - 10mL EDTA blood

Neonates: 1 - 2mL EDTA blood

Specimen date:

Clinical / diagnostic details:

Please state if high risk and nature of risk.....

Source:  Hospital clinic

Referral from community surveillance

Referral from ante-natal screening

Other relevant information

eg suspected acute infection, pregnant, known seropositive, previous treatment, symptoms

Country of birth / travel history: .....

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