



**THE DIAGNOSTIC PARASITOLOGY LABORATORY**

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**T. CRUZI qPCR SPECIMEN REFERRAL FORM**

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

<p><b>Name and address of doctor referring specimen:</b></p>  <p><b>ESSENTIAL INFORMATION :</b> Telephone number for contact relating to this specimen:</p>	<p><b>Name and address for reports (if different):</b></p>  <p><b>Name and address for invoices (if different):</b></p>  <p><b>Purchase order number:</b></p>
<p><b>Investigation required:</b></p> <p><i>T. cruzi qPCR (Chagas disease)</i></p>	<p><b>Specimen requirements:</b></p> <p>Adults: 8 - 10mL EDTA blood <input type="checkbox"/></p> <p>Neonates: 1 - 2mL EDTA blood <input type="checkbox"/></p> <p><b>Specimen date:</b></p>

**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