# T. CRUZI qPCR SPECIMEN REFERRAL FORM

<table>
<thead>
<tr>
<th>Patient Surname</th>
<th>Other names</th>
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<tr>
<th>Date of Birth</th>
<th>m/f</th>
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<th>NHS no. (or Hosp no.)</th>
<th>Lab no.</th>
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Name and address of doctor referring specimen:

Name and address for reports (if different):

Name and address for invoices (if different):

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

Purchase order number:

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

LSHTM T. cruzi Diagnostic Parasitology Laboratory Referral Form Version 2 DN 31/01/2022