

CENTERS FOR DISEASE CONTROL AND PREVENTION
Division of Parasitic Diseases

Patient History Form Serology Specimen Submission

Physician: _____ Fax: _____

Phone: _____ Email: _____

Mailing Address for Results:

Date specimen drawn: ____/____/____ Date specimen shipped to CDC: ____/____/____

Patient name: (last) _____ (first) _____

Birthdate: ____/____/____ Sex: [] Male [] Female

Exposure history (native, resident, or visitor of?): _____

Symptomatic? [] Yes [] No Date of onset: ____/____/____

Brief clinical summary: _____

Previous applicable lab results (O&P, serology, etc.): _____

Specimen Requirements: Adults: 3 ml serum (separated from RBCs before shipping); small children: 0.5 ml serum. May be at room temperature. Acute and convalescent specimens are not necessary for most diseases.

Test requested:

- | | | |
|---|---|---|
| <input type="checkbox"/> Amebiasis | <input type="checkbox"/> Malaria | <input type="checkbox"/> Toxocariasis |
| <input type="checkbox"/> Babesiosis | <input type="checkbox"/> Paragonimiasis | <input type="checkbox"/> Toxoplasmosis |
| <input type="checkbox"/> Cysticercosis | <input type="checkbox"/> Strongyloidiasis | <input type="checkbox"/> Trichinellosis |
| <input type="checkbox"/> Echinococcosis | <input type="checkbox"/> Schistosomiasis | |

Send specimens to:

CDC
ATTN: DASH / Unit 57
1600 Clifton Road
Atlanta GA 30333

Phone: 770 488-4431
Email: dpdx@cdc.gov

Please arrange Monday-Friday delivery only. Packages cannot be accepted on weekends or on federal holidays.