

# PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 [www.phsa.ca/bccdcpublichealthlab](http://www.phsa.ca/bccdcpublichealthlab)

## Parasitology Requisition

### Section 1 - Patient Information

<b>PERSONAL HEALTH NUMBER</b> (or out-of province Health Number and province)	<b>DOB</b> (DD/MMM/YYYY)	<b>GENDER</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK
<b>PATIENT SURNAME</b>		<b>PATIENT FIRST AND MIDDLE NAME</b>
<b>ADDRESS</b>	<b>CITY</b>	<b>POSTAL CODE</b>

DATE RECEIVED
<b>PHSA LABORATORIES USE ONLY</b>
OUTBREAK ID
<b>SAMPLE REF. NO.</b>
<b>DATE COLLECTED</b> (DD/MMM/YYYY)
<b>TIME COLLECTED</b> (HH:MM)

### Section 2 - Healthcare Provider Information

<b>ORDERING PHYSICIAN</b> (Provide MSC#) Name and address of report delivery	<b>ADDITIONAL COPIES TO:</b> (Address / MSC#)  1.  2.  3.
<input type="checkbox"/> I do not require a copy of the report	
<b>CLINIC OR HOSPITAL</b> Name and address of report delivery	
<b>PHSA CLIENT NO.</b>	

### Section 3 - Test(s) Requested

<p><b>OVA &amp; PARASITES</b></p> <p><b>Sample</b></p> <p><input type="checkbox"/> Feces <input type="checkbox"/> Urine</p> <p><b>Signs / Symptoms</b></p> <p><input type="checkbox"/> Asymptomatic</p> <p><input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever <input type="checkbox"/> Other _____</p> <p>Duration: _____ days</p> <p><input type="checkbox"/> High Risk Setting (see reverse)</p> <p><input type="checkbox"/> Immigration (specify below)</p> <p><input type="checkbox"/> Travel within past 12 months, specify below:</p> <p>_____</p> <p>_____</p> <p><b>SPECIAL TESTS</b></p> <p>*Consultation required (604) 707-2629</p> <p><input type="checkbox"/> <i>Strongyloides</i> Concentration / Isolation*</p> <p><input type="checkbox"/> ELISA (Amoebiasis)</p> <p><input type="checkbox"/> <i>Schistosoma</i> Hatch Test (Viability)*</p> <p><b>PINWORM</b></p> <p><b>Sample</b></p> <p><input type="checkbox"/> Sticky paddle (preferred)</p> <p><input type="checkbox"/> Anal swab</p> <p><input type="checkbox"/> Transparent scotch tape</p> <p>For other available tests and additional information, consult the Public Health Microbiology &amp; Reference Laboratory's <i>Guide to Programs and Services</i> at <a href="http://www.phsa.ca/bccdcpublichealthlab">www.phsa.ca/bccdcpublichealthlab</a></p>	<p><b>BLOOD &amp; TISSUE PARASITES</b></p> <p><b>Microscopic Examination Request For</b></p> <p>Malaria <input type="checkbox"/> Diagnosis <input type="checkbox"/> Confirmation</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><b>Referring Lab Test Results For Malaria</b></p> <p><input type="checkbox"/> Positive Thin and/or Thick smear <input type="checkbox"/> Negative Thin and/or Thick smear</p> <p><input type="checkbox"/> Positive dipstick (Rapid Test) <input type="checkbox"/> Negative dipstick (Rapid Test)</p> <p><input type="checkbox"/> Dipstick (Rapid Test) not done</p> <p><b>Sample</b></p> <p><input type="checkbox"/> Thick &amp; Thin blood smear(s) <input type="checkbox"/> Thick blood smear(s)</p> <p><input type="checkbox"/> EDTA blood <input type="checkbox"/> Thin blood smear(s)</p> <p><input type="checkbox"/> Tissue/Biopsy, specify: _____</p> <p><input type="checkbox"/> Body fluid, specify: _____</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><b>Culture For</b></p> <p><input type="checkbox"/> <i>Acanthamoeba</i> species <input type="checkbox"/> <i>Leishmania</i> species</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><b>Signs / Symptoms</b></p> <p><input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever <input type="checkbox"/> Skin lesion <input type="checkbox"/> Eye</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Immigration, specify below</p> <p><input type="checkbox"/> Travel within past 12 months, specify below:</p> <p>_____</p> <p>_____</p>	<p><b>PARASITE IDENTIFICATION</b></p> <p><b>Sample</b></p> <p><input type="checkbox"/> Worm <input type="checkbox"/> Proglottid</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>_____</p> <p><input type="checkbox"/> Tick</p> <p><b>Sources Of Tick</b></p> <p><input type="checkbox"/> Human <input type="checkbox"/> Dog <input type="checkbox"/> Cat</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>_____</p> <p><b>Name of Pet / Owner</b> (IF NOT noted as the patient above)</p> <p>_____</p> <p><b>Signs / Symptoms</b></p> <p><input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Rash (type)</p> <p>_____</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>_____</p> <p><input type="checkbox"/> Travel within past 12 months, specify below:</p> <p>_____</p> <p>_____</p>
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<p><b>OVA &amp; PARASITES</b></p>	<p><b>FECES:</b></p> <ol style="list-style-type: none"> <li>1. Do not contaminate with urine, water or soil. With spoon (attached to lid of sample container), add 2 or 3 spoonfuls of fresh sample to the liquid (SAF preservative) in the container.</li> <li>2. Mix well and screw lid on tightly.</li> </ol> <p><b>URINE:</b></p> <ol style="list-style-type: none"> <li>1. Fill the sterile clean vial (no SAF preservative) with midstream to terminal urine (collected between 10:00 am and 3:00 pm).</li> <li>2. Do not refrigerate if ova hatching test is requested.</li> </ol>
<p><b>PARASITE IDENTIFICATION</b></p>	<p><b>TICKS AND OTHER ARTHROPODS:</b></p> <ol style="list-style-type: none"> <li>1. All ticks will be identified. PCR for <i>Borrelia burgdorferi</i> will be performed on all tick species except <i>Dermacentor andersoni</i>. Tick(s) may be sent alive or dead (with no preservative) for PCR.</li> </ol> <p><b>Note:</b> Tick culture may also be performed on all PCR positive samples, but can only be set up if live ticks were submitted (submit with slightly moistened cotton).</p> <ol style="list-style-type: none"> <li>2. Other arthropods: Submit dry.</li> </ol> <p><b>WORM OR PROGLOTTID:</b></p> <ol style="list-style-type: none"> <li>1. Submit sample unpreserved in 0.85% NaCl.</li> <li>2. If there is a delay in transit of 3 or more days, submit in 70% alcohol.</li> </ol>
<p><b>BLOOD &amp; TISSUE PARASITES</b></p>	<p><b>MALARIA ON-CALL AVAILABLE – CONSULT WITH MEDICAL MICROBIOLOGIST AT (604) 661-7033</b></p> <p><b>BLOOD:</b></p> <ol style="list-style-type: none"> <li>1. Thin and thick blood smears prepared from newly drawn blood (at height of paroxysm and 8-16 hours later). Blood smears are required for <i>Plasmodium</i> species identification.</li> <li>2. Malaria dipstick test is available. Submit EDTA blood.</li> <li>3. Do not refrigerate EDTA blood.</li> <li>4. Malaria Examination: Blood and smears should be submitted STAT to the laboratory.</li> </ol> <p><b>TISSUE/BIOPSY, BODY FLUID AND CULTURE SAMPLES:</b></p> <ol style="list-style-type: none"> <li>1. Refer to our <i>Guide to Programs and Services</i> or contact the Parasitology Laboratory at (604) 707-2629.</li> </ol>
<p><b>PINWORM</b></p> <p>The ideal time for this procedure is early in the morning before arising and before emptying the bowels.</p>	<p><b>STICKY PADDLE:</b></p> <ol style="list-style-type: none"> <li>1. Remove cap which has an inserted paddle with one side coated with a non-toxic mildly adhesive material. This side is marked "sticky side". Do not touch this surface with the fingers.</li> <li>2. Press the sticky surface against the perianal skin with moderate pressure.</li> </ol> <p><b>VASELINE PARAFFIN ANAL SWAB:</b></p> <ol style="list-style-type: none"> <li>1. Remove cap which has an inserted vaseline paraffin anal swab.</li> <li>2. Press the anal swab against the perianal skin with moderate pressure.</li> </ol> <p><b>TRANSPARENT SCOTCH TAPE PREPARATION:</b></p> <ol style="list-style-type: none"> <li>1. Press the transparent scotch tape against the perianal skin with moderate pressure.</li> <li>2. Place scotch tape on slide.</li> </ol>