

## REFERENCE TESTING FOR PARASITIC DISEASES AT CDC

### CDC-10233: Molecular Testing

This form is supplemental to the CDC Specimen Submission Form. Print this form and include one form for each specimen with the CDC Specimen Submission Form. Failure to include both forms with the specimen will delay testing.

Patient Name: \_\_\_\_\_

Specimen Type: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Specimen Collection Date: \_\_\_\_\_

Submitter Email: \_\_\_\_\_

Submitter Telephone Number: \_\_\_\_\_

**Molecular Diagnosis of Parasites (Parasite DNA Detection). Check one or more of the following:**

- |   |   |
|---|---|
| <input type="checkbox"/> Amebiasis ( <i>Entamoeba histolytica</i> ) | <input type="checkbox"/> Angiostrongyliasis |
| <input type="checkbox"/> Babesiosis                                 | <input type="checkbox"/> Chagas Disease     |
| <input type="checkbox"/> Cryptosporidiosis                          | <input type="checkbox"/> Cyclosporiasis     |
| <input type="checkbox"/> Free Living Ameba                          | <input type="checkbox"/> Giardiasis         |
| <input type="checkbox"/> Leishmaniasis                              | <input type="checkbox"/> Malaria            |
| <input type="checkbox"/> Microsporidiosis                           | <input type="checkbox"/> Toxoplasmosis      |

**Travel History and Clinical Information:**