

REFERENCE TESTING FOR PARASITIC DISEASES AT CDC

CDC-10236: Serology 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: _____

Parasitic Serology (Antibody Detection). Check one or more of the following:

- | | |
|--|---|
| <input type="checkbox"/> Amebiasis (<i>Entamoeba histolytica</i>) | <input type="checkbox"/> Babesiosis |
| <input type="checkbox"/> Baylisascariasis | <input type="checkbox"/> Cysticercosis |
| <input type="checkbox"/> Chagas Disease | <input type="checkbox"/> Echinococcosis |
| <input type="checkbox"/> Filariasis | <input type="checkbox"/> Leishmaniasis |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Paragonimiasis |
| <input type="checkbox"/> Schistosomiasis (Include travel history below.) | <input type="checkbox"/> Strongyloidiasis |
| <input type="checkbox"/> Toxocariasis | <input type="checkbox"/> Toxoplasmosis |
| <input type="checkbox"/> Trichinellosis | |

Travel History and Clinical Information: