Scottish Microbiology Reference Laboratory (SMiRL), Inverness

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NHS Highland

Toxoplasma request form

(Please complete as fully as possible. A minimum of three forms of identification required)

Patient information

Surname:	DOB/CHI:	
Forename:	Male ☐	Female ☐
Address/Postcode:		

Sample information

Sender's Ref No.:

Date collected:

Screening test results (if any):

Sample type:

Serology:

☐ Serum (500µl) – preferred
☐ Plasma (500µl)

PCR:

☐ CSF (200µl)
☐ Tissue (25mg)
☐ EDTA whole blood, unspun (1ml)
☐ Other, please state……

NB: Samples for PCR **must** be accompanied by serum

Clinical information

Date of onset of signs/ symptoms:

☐ BMT/HSPC transplant#
☐ Solid organ transplant#
☐ Lymphadenopathy
☐ Ocular
☐ Neurological
☐ HIV
☐ Congenital
☐ Pregnant Gestation……

#Transplant:

☐ Donor ☐ Recipient
☐ Pre transplant ☐ Post transplant

Symptoms/reason for testing:

Sender's information

Sender's name and address:

Exposure details

Exposure/potential source of infection: