PARA

BC Centre for Disease Control
Provincial Health Services Authority

Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Parasitology Requisition

Highlighted fields must be completed

Section 1 - Patient/Provider Information *(Two matching unique patient identifiers on sample container and requisition are required for sample processing)*

PERSONAL HEALTH NUMBER (or out-of-province Health Number)

PATIENT LAST NAME

PATIENT FIRST AND MIDDLE NAME

DOB DD MMM YYYY

SEX M ☐ F ☐ X ☐ Unk ☐

PATIENT ADDRESS

CITY

PROVINCE

POSTAL CODE

CONTACT NO. (XXX) XXX-XXXX

DATE RECEIVED

LABORATORY USE ONLY

SAMPLE REF. NO.

DATE COLLECTED (DD/MMM/YYYY) Unk ☐

TIME COLLECTED (HH:MM) Unk ☐

ORDERING PRACTITIONER (Name, MSP#, Address of report delivery)

☐ **I am a Locum** (provide name of Practitioner and Clinic to receive report)

ADDITIONAL COPIES TO PRACTITIONER / CLINIC: **(Limit of 3 copies available)**
(Name, Address / MSP#/ PHSA Client#)

1.

2.

3.

ADDITIONAL INFORMATION

SIGNATURE OF ORDERING PRACTITIONER

DATE SIGNED

CLINICAL HISTORY

☐ Asymptomatic ☐ Immunocompromised
☐ Symptomatic (select symptoms below):
☐ Fever ☐ Gastrointestinal symptoms
☐ Skin lesion ☐ Ocular Symptoms
☐ Respiratory symptoms ☐ Other, specify: _____

TRAVEL HISTORY

Relevant travel history, date(s) and location(s): _____

Immigration and/or Refugee history: _____

SAMPLE TYPE

Blood	Tissue/Fluid	Stool	Other	Tick (Host)	Worm
☐ EDTA blood ☐ Thin blood smear ☐ Thick blood smear	☐ Unpreserved Bodily fluid/Tissue/Biopsy, specify source: _____ ☐ Preserved (fixative: _____) Bodily fluid/Tissue/Biopsy, specify source: _____ ☐ Corneal scraping ☐ Skin scraping	☐ Unpreserved Feces ☐ Feces in SAF ☐ Fecal swab	☐ Urine ☐ Other, specify: _____	☐ Human ☐ Dog ☐ Other, specify: _____	☐ Worm/ proglottid ☐ Pinworm paddle

Section 2 - Test(s) Requested

For more test information refer to our online guide to services, eLab Handbook at www.elabhandbook.info/PHSA/Default.aspx

PARASITES

☐ Ova & Parasites ☐ Query organism (optional): _____

☐ Pinworm exam (paddle preferred)

☐ **Special tests**

☐ *E. histolytica* PCR/EIA (unpreserved stool)

☐ *Strongyloides* agar plate culture (requires pre-approval)

☐ *Schistosoma* PCR/hatch test (requires pre-approval)

☐ **Blood & tissue parasites**

*Medical Microbiologist approval required	Microscopy	Culture	PCR
Leishmania	☐	☐	☐
Trypanosoma*	☐		☐
Free-living amoeba	☐	☐	☐
Toxoplasma	☐		☐
Echinococcus	☐		☐
Taenia solium	☐		☐
Trichinella* (send out for further testing may be required)	☐		
Babesia*	☐		☐
Filaria, specify: _____	☐		

MALARIA

Examination request for

☐ Confirmation of acute site results and/or species ID

☐ Investigation of unusual or discrepant result

Referring lab test results for malaria

	Positive	Negative	Not performed
Thin smear Parasitemia: _____	☐	☐	☐
Thick smear	☐	☐	☐
Rapid test (RDT) (specify below): Test used: _____	☐	☐	☐
LAMP (molecular)	☐	☐	☐

ECTOPARASITE IDENTIFICATION AND MACROSCOPIC EXAMINATION

☐ Tick ☐ Scabies
☐ Worm/proglottid ☐ Other ectoparasites, specify: _____

OTHER TESTS

☐ Other, specify: _____

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.

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For other available tests and sample collection information, consult the Public Health Laboratory's *eLab Handbook* at www.elabhandbook.info/PHSA/Default.aspx

OVA & PARASITES	**FECES:** 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 within 30 minutes of collection. 2. Mix well and screw lid on tightly. **URINE:** 1. Fill the sterile clean vial (no SAF preservative) with midstream to terminal urine (collected between 12:00 pm and 3:00 pm). 2. Do not refrigerate if ova hatching test is requested.
PARASITE IDENTIFICATION	**TICKS AND OTHER ARTHROPODS:** 1. Tick(s) may be sent alive or dead (with no preservative) for PCR. 2. Ticks and other arthropods: Submit dry. **WORM OR PROGLOTTID:** 1. Submit unpreserved in normal saline. 2. If there is a delay in transit of three or more days, submit in 70% alcohol.
BLOOD	1. Submit referring lab test results for malaria in requisition form. 2. Submit ≥ 3 thick and 3 thin smears prepared within 1 hour of collection, and EDTA blood to BCCDC for testing. Please include original smears read by the referring laboratory. 3. Do not refrigerate EDTA blood. 4. Submit all positive samples without delay to BCCDC.
PINWORM The ideal time for this procedure is early in the morning before arising and before emptying the bowels.	**STICKY PADDLE (Preferred method):** 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. 2. Press the sticky surface against the perianal skin with moderate pressure. **Paddles contaminated with feces will not be processed.** **VASELINE PARAFFIN ANAL SWAB:** 1. Remove cap which has an inserted vaseline paraffin anal swab. 2. Press the anal swab against the perianal skin with moderate pressure. **TRANSPARENT SCOTCH TAPE PREPARATION:** 1. Press the transparent scotch tape against the perianal skin with moderate pressure. DO NOT use translucent tape. Avoid contaminating with feces. 2. Place scotch tape on slide. **Scotch tape preparations contaminated with feces will not be processed.**

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