

Parasite History Form

Edit Approved: 12/03/2024

Patient Full Name (first and last):	PHN # or Unique Identifier #:												
Ordering Physician:													
<u>Ordering Physician</u> must complete History Sections below All routine requests for stool parasites are screened for <i>Giardia lamblia</i> and <i>Cryptosporidium parvum/hominis</i> . Testing for additional parasites will ONLY be performed if appropriate clinical, exposure or travel history is provided.													
PLEASE NOTE:													
<ul style="list-style-type: none"> Specimen must be collected in SAF fixative transport container - PLUS - a 60 mL sterile, plastic container. Refer to Patient Collection Instructions for more detailed instructions. Stool from patients who have used stomach related medicines (e.g. Pepto-Bismol®, Kaopectate®, Metamucil®, mineral oil, castor oil or other laxatives), barium, or enemas <u>within the previous two weeks</u> are not suitable for testing as these substances may compromise results. Certain antibiotics (e.g. sulfonamides, Tetracyclines) can also compromise results. 													
CLINICAL HISTORY													
Symptoms:	<input type="checkbox"/> Immunocompromised Must specify:												
Date of Symptom Onset:	<input type="checkbox"/> Eosinophilia												
TRAVEL/RESIDENCE HISTORY	EXPOSURE HISTORY												
Travel to, or residence in, a country <u>other</u> <input type="checkbox"/> Yes <u>than</u> Canada or USA: <input type="checkbox"/> No If Yes , must complete section below	<input type="checkbox"/> Consumption of raw/undercooked fish or meat Must specify: <input type="checkbox"/> Contact with a person with known parasitic infection Must specify: <input type="checkbox"/> Confirmed previous parasitic infection Must specify parasite and date: <input type="checkbox"/> Parasite other than <i>Giardia</i> or <i>Cryptosporidium</i> species suspected clinically. Must specify parasite and reason for suspicion:												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; padding: 5px;">Countries</th> <th style="width:50%; padding: 5px;">Dates</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Countries	Dates											
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OTHER RELEVANT CLINICAL HISTORY / INFORMATION:													
<input type="checkbox"/> Testing required for Immigration/Work Visa Application													

APL Quality Use Only: User Groups: BL Micro LA II, BL Micro MLT II, BL Micro TS, DSC Micro LA I, DSC Micro LA II, DSC Micro MLT I, DSC Micro MLT II, DSC PPA LA I, DSC PPA LA II