

For Lab Use Only

<p><b>Patient Full Name (first and last):</b></p> <p><b>PHN #, RHRN #, or unique identifier #:</b></p> <p><b>Ordering Physician:</b></p>	<p><b>Please note:</b> Stool from patients who have used antacids, non-absorbable antidiarrheals, barium, bismuth, mineral oil enemas in the preceding 2 weeks are not suitable for ova &amp; parasite examination, as these may cause a significant drop in yield. Certain antibiotics (e.g. tetracyclines) can also decrease yield of ova &amp; parasite examination.</p>									
<p><b>Ordering Physician must complete History Sections below.</b></p>										
<p><b>CLINICAL HISTORY</b></p>	<p><b>TRAVEL HISTORY</b></p>									
<p><b>Onset of Symptoms</b>      /      /                           YYYY    MMM    DD</p>	<p><b>Travel to, or residence in endemic area.</b>    <input type="checkbox"/> <b>Yes</b> <b>If yes; MUST COMPLETE BELOW</b>                  <input type="checkbox"/> <b>No</b></p>									
<p><b>Symptoms and Signs:</b> (check all that apply)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">bloody stool</td> <td style="width:10%; text-align: center;"><input type="checkbox"/></td> <td style="width:20%;"><b>M OP F:</b></td> </tr> <tr> <td>eosinophilia</td> <td style="text-align: center;"><input type="checkbox"/></td> <td><b>M OP F:</b></td> </tr> <tr> <td>Immunocompromised Specify: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td><b>M OP F:</b></td> </tr> </table>	bloody stool	<input type="checkbox"/>	<b>M OP F:</b>	eosinophilia	<input type="checkbox"/>	<b>M OP F:</b>	Immunocompromised Specify: _____	<input type="checkbox"/>	<b>M OP F:</b>	<p><b>Countries visited:</b> ↓                                  <b>Dates:</b> ↓</p>
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<p><b>EXPOSURE HISTORY</b></p>										
<p><b>Exposure to:</b> (check all that apply)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Raw/undercooked meat: Specify: _____</td> <td style="width:10%; text-align: center;"><input type="checkbox"/></td> <td style="width:20%;"><b>M OP F:</b></td> </tr> <tr> <td>Raw/undercooked fish: Specify: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td><b>M OP F:</b></td> </tr> <tr> <td>Previous confirmed parasitic infection: Specify: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td><b>M OP F:</b></td> </tr> </table>	Raw/undercooked meat: Specify: _____	<input type="checkbox"/>	<b>M OP F:</b>	Raw/undercooked fish: Specify: _____	<input type="checkbox"/>	<b>M OP F:</b>	Previous confirmed parasitic infection: Specify: _____	<input type="checkbox"/>	<b>M OP F:</b>	<p><b>Antimicrobials:</b>    <input type="checkbox"/> <b>Yes (list below)</b>          <input type="checkbox"/> <b>No</b> _____</p> <p><b>Other Clinical Information:</b></p>
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<p><b>APL DATA ENTRY PURPOSE ONLY: Any valid history checked off in:</b></p> <ul style="list-style-type: none"> <li><b>Clinical History OR</b></li> <li><b>Exposure History OR</b></li> <li><b>Travel History → order an M OP (see QR4070 for acceptable Travel / Immigration Countries)</b> <b>If country is other than listed, then order → MGIACRY</b></li> </ul>										

**Questions? Call Alberta Precision Laboratories at 403-770-3600.**