



**Ordering Physician must complete History sections below.**

All routine requests for stool parasites are screened by PCR for *Giardia lamblia*, *Cryptosporidium parvum/hominis* and *Entamoeba histolytica*.

Testing for additional parasites will **ONLY** be performed if appropriate clinical, exposure or travel history is provided.

Patient First Name	Last Name
Date of Birth (dd-Mon-yyyy)	PHN or ULI

Ordering Physician

**Specimen Collection**

Specimen must be collected in SAF fixative transport container - **PLUS** - a 60 mL sterile, plastic container without fixative. Refer to [Stool Parasite Screen and Ova and Parasite Stool Collection Patient Instructions PX26-01.720](#) for more detailed instructions.

**Clinical History**

Symptoms	Date of Symptom Onset (dd-Mon-yyyy)
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- Eosinophilia
- Immunocompromised (specify) \_\_\_\_\_

**Travel/Residence History**

Travel to, or residence in, a country **OTHER THAN** Canada or USA     Yes     No

If yes checked, complete section below ▼

Country traveled to, or residence in	Date (dd-Mon-yyyy)

**Exposure History**

- Consumption of raw/undercooked fish or meat (specify) \_\_\_\_\_
- Contact with a person with known parasitic infection (specify) \_\_\_\_\_
- Confirmed previous parasitic infection (specify parasite and date) \_\_\_\_\_
- Parasite other than Giardia or Cryptosporidium species suspected clinically.  
(specify parasite and reason for suspicion) \_\_\_\_\_

**Other Relevant Clinical History/Information**

Testing required for Immigration/Work Visa Application