ALBERTA PRECISION LABORATORIES

Echinococcus Investigation

Scanning Label or Accession # *(lab only)*

Patient

PHN Expiry: _____	Date of Birth *(dd-Mon-yyyy)*		
Legal Last Name	Legal First Name	Middle Name	
Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose	Phone
Address	City/Town	Prov	Postal Code

Provider(s)

Authorizing Provider Name *(last, first, middle)*		Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Address	Phone	Address	Address
CC Provider ID	CC Submitter ID	Phone	Phone
Clinic Name		Clinic Name	Clinic Name

Collection

Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID

Serology
- ☐ *E. granulosus*
- ☐ *E. multilocularis*

Slide Review
- ☐ PCR ***(submit a PAS or GMS slide along with the specimens)***
- ☐ Genotyping

Specimen Type
- ☐ Blood
- ☐ Fresh tissue/fluid *(specify site)* _____ Approved ☐ Yes ☐ No
- ☐ Paraffin tissue block *(specify site)* _____ Approved ☐ Yes ☐ No
- ☐ Stained slide *(PAS/GMS)* Approved ☐ Yes ☐ No
- ☐ Other *(specify)* _____ Approved ☐ Yes ☐ No

Clinical Information
- ☐ Abdominal pain or discomfort
- ☐ Immunosuppressed
- ☐ Abnormal LFTs
- ☐ Other *(specify)* _____

Epidemiological Information
- ☐ Dog ownership
- ☐ Contact with coyotes
- ☐ Work with animals
- ☐ Rural/acreage residence, farming, gardening
- ☐ Travel/Residence outside of Canada
  (specify countries and dates) _____
- ☐ Other *(specify)* _____

Lab Information

Imaging Type ☐ Ultrasound ☐ C/T ☐ MRI ☐ Other *(specify)* _____

Site ☐ Liver ☐ Lung ☐ Other *(specify)* _____

- ☐ Single lesion ☐ Multiple lesions
- ☐ Size *(if available)* _____

Pathology/Microscopy Result *(if available)*

Type ☐ Needle biopsy ☐ Resection ☐ Other *(specify)* _____

Description ☐ Protoscolices ☐ Laminar membranes ☐ Cyst
☐ Necrosis/granulomatous reaction ☐ Other *(specify)* _____

Previous Serology Result *(if available)*
- ☐ *E. granulosus* Date *(dd-Mon-yyyy)* _____ Result _____
- ☐ *E. multilocularis* Date *(dd-Mon-yyyy)* _____ Result _____