GEORGIA DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH LABORATORY

PARASITOLOGY SUBMISSION FORM

SUBMITTER INFORMATION

SUBMITTER CODE:

☐☐☐☐☐☐

CLINIC NAME _____

_____

STREET: _____

_____

CITY: _____

STATE _____ ZIP CODE:_____

PHONE NO: _____

FAX NO: _____

CONTACT NAME:

_____

PATIENT INFORMATION

PATIENT ID:_____ DOB:_____/____/_____

NAME: _____
Last First Middle

RESIDENCE:_____
Street City State Zip County

PHONE:_____
Home Work Cell/other

RACE:
☐ American Indian/Alaska Native
☐ Asian
☐ Black/African-American
☐ Native Hawaiian/Pacific Islander
☐ Other
☐ Unknown
☐ White

ETHNICITY:
☐ Hispanic or Latino
☐ Non-Hispanic or Latino
☐ Unknown

GENDER:
☐ Male
☐ Female
☐ Unknown

SPECIMEN INFORMATION

Date of Collection:

_____/_____/_____

Source:
☐ Feces
☐ Pinworm
☐ Urine
☐ Blood
☐ Tissue
☐ Arthropod
☐ Other:_____

Collected before Rx?

☐ Yes ☐ No

Test Requested:
☐ Formalin Feces
☐ PVA Feces
☐ Pinworm slide
☐ Worm identification
☐ PCR
☐ Whole blood/blood smear for parasites
☐ Tissue/tissue smear for parasites
☐ Urine for Schistosoma haematobium
☐ Miscellaneous identification_____

Purpose of Exam:
☐ Diagnosis ☐ Confirmation
☐ Test of Cure ☐ Reference
☐ Outbreak

Clinical Information:

Symptoms:

Date of Onset:_____

☐ Abdominal pain ☐ Headache
☐ Watery diarrhea ☐ Vomiting
☐ Nausea ☐ Chills
☐ Eosinophilia ☐ Fever
☐ Increased gas ☐ Other_____

Outbreak related: ☐ Yes ☐ No
If Yes, name of outbreak:_____

Travel outside US: Yes No

If Yes, where? : _____