

Testing in Newborns and Infants (1 year of age or younger)

Patient Information: *Patient name and collection date must also appear on specimen label.*

Patient's Last Name: _____, First Name: _____ Birth date: _____ Gender: _____
 Patient ID#: _____ Specimen type: _____ Collection date: _____
 Physician's Name: _____ Phone: _____
 Physician's Address: _____ Fax: _____

History in Newborns and Infants (important for proper interpretation of results)

Eye findings _____ Normal *Hydrocephaly (ventriculomegaly)* N Y Ultrasound CT scan
Neurological findings _____ Normal *Cerebrospinal fluid findings* Cell count _____
Brain calcifications N Y Ultrasound CT Scan Glucose _____ Protein _____ Normal
Transfusion history (dates and types) _____ *Other* Please specify _____

Maternal Serum (important for proper interpretation of results in all infants 1 year of age or younger)

Mother's name _____ Mother's date of birth _____ Mother's serum collection date _____
 Previously tested at the Toxoplasma Serology Laboratory IgG (Dye test), IgM ELISA \$330
 IgG (Dye test), IgM ELISA, AC/HS \$516 Reflex to Avidity and/or to other tests in the Toxoplasma
 Reflex to Avidity and/or to other tests in the Toxoplasma OR Panel as indicated * \$667
 Panel as indicated * \$481

Recommended Tests

For newborns and infants less than 6 months of age

Toxoplasma Infant Panel (IgG (Dye test), IgM ISAGA, IgA ELISA) \$495
Tests to consider according to history and clinical manifestations:
 PCR (see PCR specimen requirements)
 Solid tissues (specimen type) _____ \$455
 Whole blood, other body fluids (specimen type) _____ \$435

For infants 6 months to 1 year of age

IgG (Dye test), IgM ELISA \$330
 Reflex to Avidity and/or to other tests in the Toxoplasma
 Panel as indicated * \$667

Other Test Options

Individual tests
 IgG (Dye Test) \$170
 IgM ISAGA \$175
 IgA ELISA \$170
 PCR (see PCR specimen requirements)
 Solid tissues (specimen type) _____ \$455
 Whole blood, other body fluids (specimen type) _____ \$435
 Isolation of *T. gondii* (specimen type) _____ \$627

*If parallel testing is indicated a \$70.00 per test charge will be added.

Other Test Options

Individual tests
 IgG (Dye test) \$170
 IgM ELISA \$175
 IgA ELISA \$170
 AC/HS \$186
 Avidity; for clinical recommendations IgG (Dye test) and IgM ELISA are required \$186
 PCR (see PCR specimen requirements) \$455
 Solid tissues (specimen type) _____ \$435
 Whole blood, other body fluids (specimen type) _____ \$627
 Isolation of *T. gondii* from (specimen type) _____
Panels
 Toxoplasma Panel \$811
 (IgG (Dye test), IgM ELISA, IgA ELISA, IgE ELISA, AC/HS)

*Our Remington Lab physicians will review results and select appropriate test(s) in the Toxoplasma Panel (IgG (Dye Test); IgM ELISA, IgA ELISA and IgE ELISA; AC/HS).

Client's Billing address (MUST be included. We cannot bill the patient or insurance.)

Results address

Attn: _____
 PO# (if required for payment): _____
 Phone: _____ Fax: _____
 E-mail: _____

Attn: _____
 Phone: _____ Fax: _____
 Email: _____

Send to: Dr. Jack S. Remington Laboratory for Specialty Diagnostics, 795 El Camino Real, Ames Building, Palo Alto, CA 94301
 Tel: (650) 853-4828 Fax: (650) 614-3292 Email: RemingtonLab@sutterhealth.org Web site: www.sutterhealth.org/RemingtonLab

For laboratory use only:

Customer number: _____ Specimen condition: _____
 Doctor number: _____ Normal Hemolyzed Icteric Lipemic
 Accession number: _____ Other: _____

A nonprofit enterprise of the University of Utah and its Department of Pathology

Toxoplasma Infant Panel (less than 6 months of age)

Performing Lab

PAMF Remington Laboratory

Test Code

No test code listed

Methodology

Dye Test, Enzyme-linked immunosorbent assay (ELISA), immunosorbent agglutination assay (ISAGA)

Reported

6 - 9 Days

Price

\$515.00

CPT Code(s)

86777-90, 86778-90, 86777-59-90

Certifications

NY, FL

Aliases

No test aliases listed

Preferred Specimen(s)

<u>Specimen</u>	<u>Volume</u>	<u>Min Volume</u>	<u>Transport</u>
Serum	3.0 ml	1.0 ml	Refrigerated

Note: Serum-Separator tube or red-top tube

Alternate Specimen(s)

<u>Specimen</u>	<u>Volume</u>	<u>Min Volume</u>	<u>Transport</u>
No specimen requirements listed			

Unacceptable Conditions

No unacceptable conditions listed

Patient / Specimen Preparation

No preparation steps listed

Specimen Stability

1 week ambient stability; 1 week refrigerated stability; indefinite frozen stability

All vendor information is subject to change without notice. Confirm testing with the ordering physician in order to ensure clinical accuracy. If you have additional questions, contact ARUP Client Services at (800) 242-2787.