Calgary ® Laboratory Services

STOOL OVA & PARASITE HISTORY FORM

Apply SLI Label

For Lab Use Only

Patient Full Name (first and last): **PHN #, RHRN #, or unique identifier #:** **Ordering Physician:**	**Please note:** 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 & parasite examination, as these may cause a significant drop in yield. Certain antibiotics (e.g. tetracyclines) can also decrease yield of ova & parasite examination.

Ordering Physician must complete History Sections below.

CLINICAL HISTORY			TRAVEL HISTORY	
Onset of Symptoms / / YYYY MMM DD			**Travel to, or residence in endemic area.** ☐ **Yes** **If yes; MUST COMPLETE BELOW** ☐ **No**	
Symptoms and Signs: (check all that apply)			**Countries visited: ↓**	**Dates: ↓**
bloody stool	☐	**M OP F:**		
eosinophilia	☐	**M OP F:**		
Immunocompromised Specify:_____	☐	**M OP F:**		
EXPOSURE HISTORY			**Antimicrobials:** ☐ **Yes (list below)** ☐ **No** _____	
Exposure to: (check all that apply)				
Raw/undercooked meat: Specify:	☐	**M OP F:**	**Other Clinical Information:**	
Raw/undercooked fish: Specify:	☐	**M OP F:**		
Previous confirmed parasitic infection: Specify: _____	☐	**M OP F:**		

CLS DATA ENTRY PURPOSE ONLY: Any valid history checked off in:

- **Clinical History OR**
- **Exposure History OR**
- **Travel History → order an M OP (see QR4070 for acceptable Travel / Immigration Countries)**
  If country is other than listed, then order → MGIACRY

Questions? Call the Laboratory Information Centre at 403-770-3600.