

CENTERS FOR DISEASE CONTROL AND PREVENTION
Division of Parasitic Diseases

Patient History Form Serology Specimen Submission

Physician: _____ Fax: (617) 724 – 6573
Phone: _____ Email: _____

Mailing Address for Results: Mary Jane Ferraro, Ph.D.
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Phone: (617) 724 - 7645
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Date specimen drawn: ____/____/____ Date specimen shipped to CDC: ____/____/____

Patient name: (last) _____ (first) _____
Birthdate: ____/____/____ Sex: ☐ Male ☐ Female

Exposure / Travel history (native, resident, or visitor of?): _____

Symptomatic? ☐ Yes ☐ No ***Date of onset:** ____/____/____

Brief clinical summary: _____

Previous applicable lab results (O&P, serology, etc.): _____

Specimen Requirements: Adults: 3 ml serum (separated from RBCs before shipping); small children: 0.5 ml serum. May be at room temperature. Acute and convalescent specimens are not necessary for most diseases.

Test requested:

- | | | |
|-----------------------------------------|-------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Babesiosis | <input type="checkbox"/> Paragonimiasis | <input type="checkbox"/> Toxocariasis |
| <input type="checkbox"/> Cysticercosis | <input type="checkbox"/> Strongyloidiasis | <input type="checkbox"/> Trichinellosis |
| <input type="checkbox"/> Echinococcosis | <input type="checkbox"/> Schistosomiasis | |

Send specimens to:

CDC
ATTN: DASH / Unit 57
1600 Clifton Road
Atlanta GA 30333

Phone: 770 488-4431
Email: dpdx@cdc.gov

Please arrange Monday-Friday delivery only. Packages cannot be accepted on weekends or on federal holidays.