



PARASITOLOGY

State Form 13053 (R5/10-07)
CLIA Certified Laboratory #15D0662599

INDIANA STATE DEPARTMENT OF HEALTH
LABORATORIES
550 W. 16th Street, Suite B
Indianapolis, IN 46202-2203
(317) 921- 5500

Patient's Name (Last)*	(First)*	Age*	Sex*
Patient's Address*		County*	
Attending Physician (if not included below)		Address	

Required Specimen Information

(Please Print or Type) Name and Address for Report*

Date Collected* _____

First Patient Specimen?* ☐ Yes ☐ No

Type: *

Purpose:*

☐ Feces

☐ Diagnostic

☐ Release

☐ _____

☐ Carrier

☐ Outbreak

(specify)

Other

Comments: _____

_____ IN _____
City Zip Code

Contact*
Person _____

Phone*
Number () _____

Fax*
Number () _____

***REQUIRED INFORMATION**

Instructions are on the reverse side

LABORATORY REPORT

Do not write below this line

Lab No. _____

Date Received _____

Date of Final Report _____

☐ No trophozoites, cysts, or ova of intestinal parasites found

☐ Comments _____

☐ Unsatisfactory – Please resubmit for reasons below: _____

☐ Copy to ISDH Epidemiology Resource Center

PARASITOLOGY

Submission of Specimens – ISDH Container No. 4A – Intestinal Parasites: Examination of fecal specimens for amoeba and other protozoa. Cryptosporidium sp. will be tested upon request.

IMPORTANT: Mailing container contains one request form, a plastic spoon, and two media bottles: one contains 10% Formalin and the other (PVA) Polyvinyl Alcohol fixative.

- A. Both solutions are poisonous if taken internally. Do not eat or drink solutions. Any spills should be absorbed with paper towels and discarded as trash. If fluid contacts the skin, wash with soap and water. If fluid contacts eyes, flush with water for several minutes.
- B. Kit must be used by the expiration date stamped on the outside of the mailing label. Kits exceeding the expiration date **will not be tested**.
- C. Write **NAME** and **SPECIMEN COLLECTION DATE** on both the **REQUEST FORM AND COLLECTION BOTTLES**. Without this complete information the specimen **WILL BE CONSIDERED UNACCEPTABLE AND WILL NOT BE TESTED**.
- D. Carefully proceed as follows.

INSTRUCTIONS

1. Fully complete the upper half of the request form. **Please type or print clearly.**
2. Feces must be added to EACH bottle.
3. Collect feces in a clean bedpan, plate, cardboard container, or paper or plastic cup. **(DO NOT MIX URINE WITH FECES)**
4. Using the plastic spoon, place a portion of feces the size of a quarter into EACH bottle.
5. Carefully break up and stir the feces in each bottle. Screw the caps on **tightly** and shake vigorously to further blend the specimen. Place into metal container and tighten screw caps.
6. DISCARD THE PLASTIC SPOON PROPERLY ----- DO NOT return the spoon to the laboratory.
7. Fold and wrap the completed request form *around the outside of the metal container* and place both into outer mailing tube. Tighten screw cap firmly. Mail **PROMPTLY** and unrefrigerated via the U. S. Postal Service (USPS) First Class Mail to the laboratory.
8. The maximum in-laboratory turn-around time for Parasitology specimens is 6 working days. The usual examination time is 1-2 working days after receipt. The submitter should allow sufficient transit time for the USPS to deliver results. Results will be sent as photocopies of the original report.