Toxoplasma Reference Unit
Public Health Wales Microbiology
Singleton Hospital
Swansea SA2 8QA

DX 6070309
Swansea 90 SA

Telephone 01792 285058

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

This form is also available from our website:

http://www.phw.nhs.wales/TRU

Clinical enquiries: **phw.tru.lab@wales.nhs.uk**
Billing enquiries: **phw.tru.admin@wales.nhs.uk**

For TRU use:
Ref. number

Date received by TRU

PATIENT DETAILS	**SENDER DETAILS**
Surname:	**Name of requesting Doctor:**
Forename:	**Laboratory Address:**
DOB:	
Sex:	
NHS Number:	**Telephone Number:**
Sending Lab Reference Number:	**PO Number:**
☐ **NHS Patient** ☐ **Private Patient**	**Invoice To:**

SAMPLE DETAILS AND TEST REQUESTED

Test Requested	**Specimen Type**
☐ Toxoplasma Serology	☐ Serum ☐ Other (please state):
☐ Toxoplasma PCR	☐ Amniotic Fluid ☐ CSF ☐ EDTA Blood (Please send whole blood) ☐ Aqueous Fluid ☐ Vitreous Fluid ☐ Other (please state):

Your (Sending Laboratory) Results	**Date of Collection**
Result - Kit/Test Platform:	

PATIENT TYPE – Please select from BOTH 1 and 2 (all that apply)

1
- ☐ Immunocompetent
- ☐ Immunosuppressed
- ☐ Immunodeficient

2
- ☐ Pregnant
- ☐ Transplant Recipient
- ☐ Transplant Donor

Please state organ site:

- ☐ Cancer Patient
- ☐ HIV - asymptomatic
- ☐ HIV - symptomatic

CD4 Count:

CLINICAL DETAILS

Symptoms: (Please select all that apply)
☐ Lymphadenopathy ☐ Central Nervous System ☐ Ocular
☐ Flu Like Symptoms ☐ Foetal Abnormality ☐ Foetal Loss
Other:

Any Treatment or Other Relevant Clinical Details:

Date of Onset or Duration of Symptoms:

Reference Laboratory Use Only	**Your Barcode Label if Available**