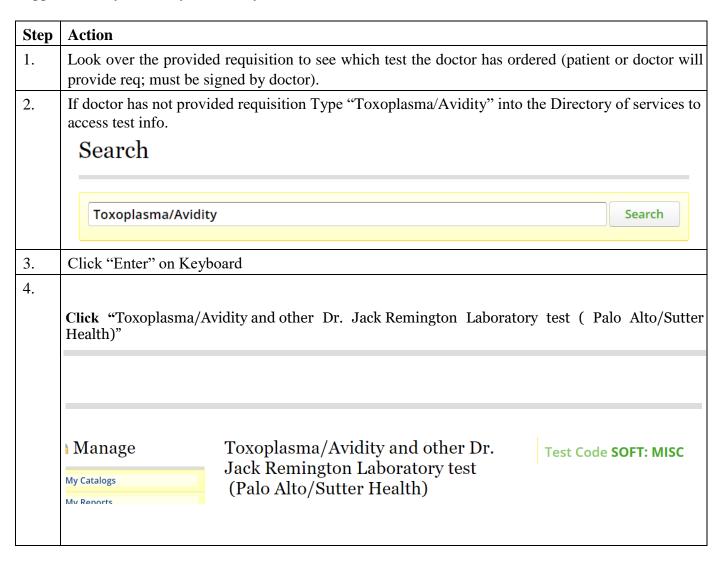
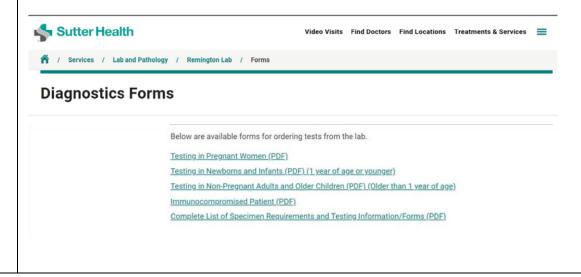
## SENDING SPECIMENS TO PALO ALTO Dr. JACK REMINGTON LAB (TOXOPLASMA/AVIDITY)

**Purpose:** Sending Toxoplasma/Avidity specimens to Palo Alto Dr. Jack Remington Lab.

**Procedure:** Ordering and sending specimens on Toxoplasma /Avidity testing. Specimens are shipped Monday-Thursday. No Fridays and closed Weekends.

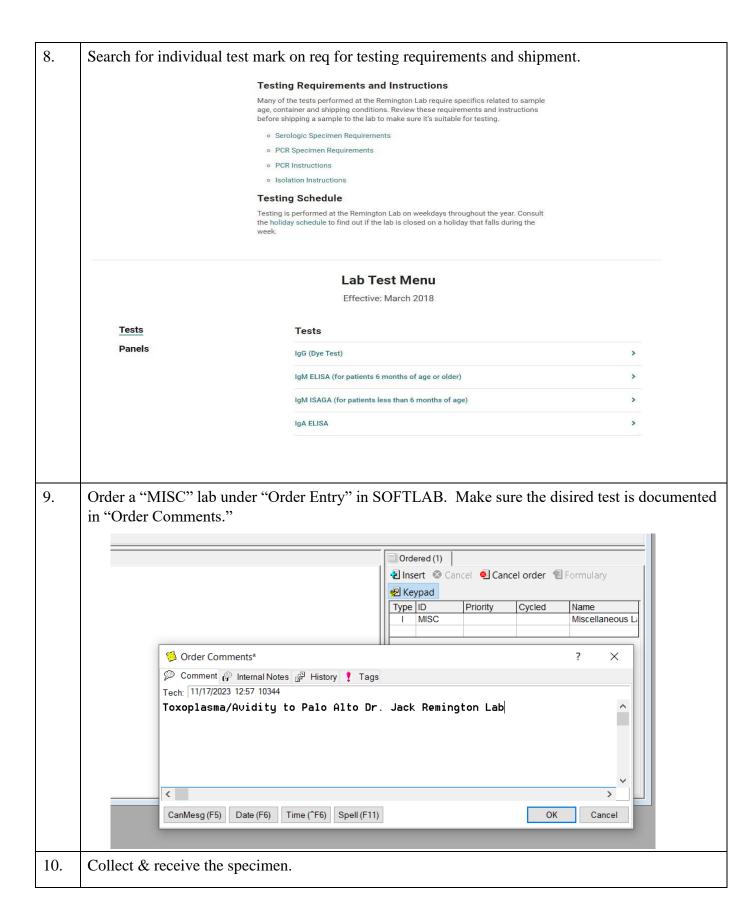


5. When the link opens use the following link to choose the correct order form based on patients demographics. (i.e. immunocompromised patient, Non Pregnant and older children.....). Then Print.



6. Go back to the previous page.

## 7. **Specimen Requirements** Click on the "https://www.sutterhealth.org/services/lab-pathology/serology-tests" to determine what tubes are needed for each specific test. **Additional Codes** EPIC CODE: MISC Lab, write test name in comments. **Specimen Requirements** The most current information on specimen requirements is found at: https://www.sutterhealth.org/services/lab-pathology/serology-tests



## 11. Place a SOFTID Bar Code label on the req in this spot. HERE Dr. Jack S. Remington Laboratory for Specialty Diagnostics Sutter Health formerly known as the Toxoplasma Serology Laboratory Palo Alto Medical Foundation Testing in Non-Pregnant Adults and Older Children (more than 1 year of age) Patient Information: Patient name and collection date must also appear on specimen label. Patient's Last Name: Patient ID#: Collection date: Specimen type: Physician's Name: Phone: Physician's Address: History (important for proper interpretation of results) Immunocompromised IN IY IHIV IAIDS CD4 count Myocarditis and/or Polymyositis N Date of onset Creatine Kinase (CK) \_\_\_ Myocardial enzymes ☐ Other (please specify) \_ Encephalitis N N Date of onset Lymphadenopathy IN IY Date of onset Other Please specify \_ Location of node(s) Symptoms None Pever Plu-like symptoms ▶Please include a copy of biopsy report if performed Eye disease IN IY Risk Factor(s) (or exposure) Ingestion of raw or undercooked meat ☐Cat feces ☐Gardening ☐None ☐Other Eye findings \_ □Bilateral □Unilateral □Macular involvement □Peripheral retinal disease Toxoplasma test results from other laboratory IgG: □Pos. □Neg Hepatitis N N Date of onset IgM: Pos. Neg Liver Function Tests Other (please specify) \_ ▶Please include a copy of the report if available 12. **Billing information** Results address Saint Francis Health Care 211 Saint Francis Drive Attripe Grar deau, HO 63703 Client's Billing address (MUST be included. We cannot bill the patient or insurance.) Sount Francis Healthcare Attn: Cape Girardeau, MO 63703 PO# (If required for payment): SFMC Main LAB Phone: 573-331-5147 Fax: 573-331-5027 Phone: 513-331-5147 Fax: 573-331-5027 E-mail: 5 Fill out on Req 13. Make a copy of the completed Req. 14. Log the specimen into the Specimen Mailout Log Book and place the copy of the completed Req into the "Copy of Req" tray located by the Mayo refrigerator in processing. 15. Locate a small shipping box, a biohazard bag, a FedEx bag and a blank FedEx shipping slip (FedEx shipping supplies found in Phlebotomy area).

