



Referring doctor/ hospital: (Stamp)

Patient: (please complete in BLOCK CAPITALS or printed label)

Name:

First name: Date of birth (dd/mm/yyyy):

Address:

Country: ZIP Code: City:

- outpatient
- inpatient
- male
- female
- Invoice to patient

Reference number: Sample date (dd/mm/yyyy): Time: Copy of the results to Dr. med. (HIN-sec Email):

Clinical details (please complete):

- Not available
- Fever
- Diarrhea
- Skin symptoms: _____
- Eosinophilic meningitis
- Eosinophilia: absolut _____/µl = _____% Leucocytes
- Symptoms since: _____
- Other: _____
- Stay abroad:
 - Europe
 - North America
 - Africa
 - Central America/ Caribbean
 - Asia
 - South America
 - Australia
 - Oceania
- Country/Region: _____ from _____ to _____

MALARIA EMERGENCY (→ Microscopy) * ALWAYS NOTIFY by phone *****

Registration Malaria emergency: Mo-Fr (8-17h): 061 284 82 61 (Laboratory)
Sa-Su & other: 061 284 81 44 (Medical doctor)

Name of the referring physician (sender): _____
Telephone of the physician (sender) reachable 24/7: _____/_____

Rapid diagnostic test: Neg. Pos: _____

Please mark like this: correct wrong

Order number SwissTPH:

	Microscopy					PCR							Serology				
	EDTA-Blood	Slide from sender	SAF-fixed stool	Native stool (size of an apricot)	Other	EDTA-Blood	Native stool	Fecal Swab	Urine	Bone marrow	Tissue / Biopsy	Puncture fluid	CSF (1 ml)	Serum / Plasma (2 ml)	Method §	Serum / Plasma (2 ml)	CSF
Malaria																	
Plasmodium spp. (EMERGENCY)	<input type="checkbox"/>	→ Registration by telephone (see above)															
Plasmodium spp. non-acute ①	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>									<input type="checkbox"/>	\$	
Screening test / Panel																	
Gastro-acute panel PCR ②						<input type="checkbox"/>	<input type="checkbox"/>										
with 4 Protozoa, 13 Bacteria & 5 Viruses																	
Protozoa (intestinal) ③		<input type="checkbox"/>				<input type="checkbox"/>											
Helminth (intestinal) ④		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	*										
Helminth screening test (Europe)															<input type="checkbox"/>	\$	
incl. Fasciola hepatica, Strongyloides spp., Toxocara spp., Trichinella spiralis.																	
Helminth screening test (Tropics)															<input type="checkbox"/>	\$	
incl. Fasciola hepatica, Strongyloides spp., Toxocara spp., Trichinella spiralis, Filaria spp., Schistosoma spp.																	
Echinococcus screening															<input type="checkbox"/>	\$	⊕
E. granulosus and E. multilocularis																	
Flavivirus screening panel ⑤															<input type="checkbox"/>	F	

① For follow-up controls, therapy control and specific questions. Microscopy & PCR: Screening and species differentiation incl. P. knowlesi; Serology: no species differentiation.
 ② Gastro-acute Panel PCR: Cryptosporidium spp., Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia, Campylobacter spp. (C. jejuni/coli/upsalensis), Clostridium difficile A/B, EAEC, EIEC/Shigella, EPEC, ETEC lt/st, Plesiomonas shigelloides, Salmonella spp., STEC stx1/stx2 (shigella-like toxin producing E. coli), STEC serovar O157:H7, Vibrio cholerae, Vibrio parahaemolyticus, Vibrio vulnificus, Yersinia enterocolitica, Adenovirus F40/41, Astrovirus, Norovirus GI/GII, Rotavirus A, Sapovirus. (360 TP).
 ③ Protozoa microscopy: We recommend to send stool samples from three different days (= 3 stool samples). Protozoa panel PCR: Blastocystis hominis, Cyclospora cayetanensis, Cystoisospora belli, Cryptosporidium spp., Entamoeba histolytica, E. dispar, E. polecki, E. moshkovskii, Dientamoeba fragilis, Giardia lamblia, Microsporidia spp. (Enterocytozoon bienersi, Encephalitozoon spp., Vittaforma corneae) (360.00 TP).
 ④ Helminth microscopy: We recommend for optimal sensitivity native stool (min. 10g, size of an apricot). SAF-fixed stool has a poor sensitivity for trematodes. Helminth panel PCR: Ascaris spp., Ancylostoma spp., Enterobius vermicularis, Hymenolepis spp., Necator americanus, Strongyloides spp., Taenia spp., Trichuris trichuria. (360 TP).
 ⑤ Flavivirus screening panel serology: Dengue (1-4), West Nile Virus, Yellow Fever Virus, FMSE, Japanese Encephalitis Virus.

* Analysis not accredited. † Analysis performed externally. § Detection in serology: ELISA: IgG, IFAT: IgG/IgM/IgA, Western Blot: IgG, or as noted. \$ Stepwise invoice, see homepage.





Please mark like this: correct wrong

	Microscopy					PCR							Serology				
	EDTA-Blood	Slide from sender	SAF-fixed stool	Native stool (size of an apricot)	Other	EDTA-Blood	Native stool	Fecal Swab	Urine	Bone marrow	Tissue / Biopsy	Puncture fluid	CSF (1 ml)	Serum / Plasma (2 ml)	Method §	Serum / Plasma (2 ml)	CSF
Helminths																	
Angiostrongylus spp. *																	
Anisakis spp. *																	
Echinococcus granulosus																	
Echinococcus multilocularis																	
Enterobius vermicularis (Pinworm)		<input type="checkbox"/>															
Fasciola hepatica (distomatosis)		<input type="checkbox"/>															
Filaria spp.		<input type="checkbox"/>															
- Brugia malayi / B. timori																	
- Wuchereria bancrofti *																	
Gnathostoma spp. *																	
Paragonimus spp. *																	
- Sputum																	
Schistosoma spp.																	
- Eggs (3)																	
- Antigen																	
- Biopsy																	
Strongyloides spp.																	
Toxocara spp.																	
- Biopsy																	
Trichinella spiralis																	
- Biopsy																	
T. solium (Cysticercosis) - Antibodies																	
- Antigen (5)																	
- Biopsy																	
Protozoa																	
Acanthamoeba spp. f																	
Babesia spp.																	
Blastocystis hominis Δ																	
Coccidia spp.																	
- Cryptosporidium spp., Cyclospora sp., Cystoisospora belli																	
Dientamoeba fragilis Δ																	
Entamoeba spp. (6)																	
Giardia lamblia																	
- Microscopy																	
- Antigen																	
Leishmania spp. (7): - visceral - (muco)-cutan																	
- BM																	
Microsporidia spp.																	
- E. bienewisi, Encephalitozoon spp., Vittaforma corneae																	
Trypanosoma brucei																	
- sleeping sickness (African Trypanosomes)																	
Trypanosoma cruzi																	
- Chagas (American Trypanosomes)																	
Bacteria																	
Borrelia spp. (Relapsing Fever)																	
Brucella spp. f																	
Burkholderia pseudomallei f																	
Coxiella burnetii (Q-Fever) Phase I and II f																	
Leptospira spp. f (8)																	
Mycobacterium leprae (Leprosy) (9)																	
Mycobacterium ulcerans * (10)																	
- Buruli Ulcer																	
Orientia tsutsugamushi f																	
Rickettsia spp. f (11)																	
Viral diseases																	
Flavivirus screening panel f (12)																	
Chikungunya Virus f																	
Dengue Virus																	
Japanese Encephalitis Virus f																	
West Nile Virus f																	
Yellow Fever Virus f																	
Zika Virus f																	

- Microscopy Enterobius: Anal adhesive tape test (please attach the transparent adhesive tape to a slide and send it to the Swiss TPH).
- Filariasis: Please be aware of the circadian rhythm of the microfilaria in the blood. Blood collection *Loa Loa* = midday; Blood collection lymphatic filariasis = around midnight.
- Detection of *Schistosoma* eggs in urine: send urine collection from morning (from 10⁰⁰-14⁰⁰ a.m.). Amount of urine: 100 ml-2 L. Detection of *Schistosoma* antigen in urine is not recommend as sole diagnostic because of limited sensitivity and specificity. Detection of *Schistosoma* eggs in biopsy (rectum mucosa, bladder mucosa, liver tissue).
- Baerman and culture for *Strongyloides* spp.: stool should not be cooled (<10°C). We recommend PCR during winter month. Amount of stool: at least the size of an apricot (91.00 TP).
- T. solium* antigen detection (ELISA) for therapy control in case of > 2 vital cysticerci.
- Microscopy Entamoeba: no species-Differentiation possible. PCR: *E. histolytica*, *E. dispar*, *E. polecki*, *E. moshkovskii* differentiation. Serology: *E. histolytica*, recommended if there is suspicion of a liver abscess.
- Visceral leishmaniasis: e.g. bone marrow (also spleen biopsy, EDTA-blood, etc.) (Muco-/ cutan leishmaniasis: biopsy-cylinder ≥ 3mm in the periphery of the lesion (infected macrophages). PCR species differentiation by HSP70 sequence analysis.
- Leptospira* spp. PCR: blood (detection 1st week p.i.), urine (detection 2nd-3rd week p.i.). Please always send blood & urine together. Serology: indicated earliest one week after onset of disease. Positive serological results will be confirmed externally.
- Mycobacterium leprae*: Slit-skin-smear (biopsy) e.g. ear lobe or skin lesion. Microscopy: detection of acid fast mycobacteria. PCR: species confirmation.
- Mycobacterium ulcerans*: please send several cotton swabs of the lesion. Microscopy: detection of acid fast mycobacteria. PCR: species confirmation.
- Rickettsia* spp. : PCR detects tick bite fever and spotted fever.
- Falvivirus screening panel serology: Dengue (1-4), West Nile Virus, Yellow Fever Virus, FMSE, Japanese Encephalitis Virus.
- Worm and/or worm tissue (e.g. proglottids) please send in 0.9% sodium chloride, never fix with formalin.

§ Detection in serology:
ELISA: IgG, IFAT: IgG/IgM/IgA,
Western blot: IgG, Ab: antibodies
Rapid diagnostic test: IgM/IgG and antigen,
or as stated.

* Analysis not accredited.
◇ Analysis not accredited & not validated for this material.
f Analysis is performed externally.
Δ Facultative pathogen.
§ Staged diagnostics, see homepage.

Parasite identification:

Macro-/ microscopy: material (3) & origin: _____

PCR: for helminth differentiation (tissue of the helminth needed (3)) _____

Miscellaneous: material, origin & desired test: _____

