

Patient name: Last	First	Middle Initial	Age or DOB	Sex
Address:			Physician Name:	
Return Report To: Name:			Hospital:	Phone number
Address:			Symptoms, travel, treatment:	
City, State, Zip Code			Specimen source:	
			Collection date:	
			Submitter's Result:	

**Test requested:**  Routine O&P  Malaria  *Cryptosporidia*  *Cyclospora*  Microsporidia  
 Other \_\_\_\_\_

**Fecal parasites:**

(Routine O&P)

- No parasites detected (Trichrome Stain & Ritchie Concentration)  
 Positive for:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <i>Entamoeba histolytica/dispar</i> group        | <input type="checkbox"/> <i>Blastocystis hominis</i> | <input type="checkbox"/> <i>Ascaris lumbricoides</i>      |
| <input type="checkbox"/> <i>Dientamoeba fragilis</i>                      | <input type="checkbox"/> <i>Chilomastix mesnili</i>  | <input type="checkbox"/> <i>Clonorchis / Opisthorchis</i> |
| <input type="checkbox"/> <i>Giardia lamblia</i><br>(Trichrome, EIA or FA) | <input type="checkbox"/> <i>Endolimax nana</i>       | <input type="checkbox"/> <i>Diphylobothrium</i> spp.      |
|   | <input type="checkbox"/> <i>Iodoamoeba butschlii</i> | <input type="checkbox"/> <i>Enterobius vermicularis</i>   |
|   | <input type="checkbox"/> <i>Entamoeba coli</i>       | <input type="checkbox"/> Hookworm                         |
|   | <input type="checkbox"/> <i>Entamoeba hartmanni</i>  | <input type="checkbox"/> <i>Hymenolepis nana</i>          |
|   | <input type="checkbox"/> <i>Entamoeba polecki</i>    | <input type="checkbox"/> <i>Paragonimus</i> spp.          |
|   |  | <input type="checkbox"/> <i>Strongyloides stercoralis</i> |
|   |  | <input type="checkbox"/> <i>Taenia</i> spp.               |
|   |  | <input type="checkbox"/> <i>Trichuris trichura</i>        |

- Cyclospora cayetanensis*  negative  positive by:  autofluorescence  modified Kinyoun stain  
*Cryptosporidia* spp.  negative  positive by:  modified Kinyoun stain  EIA  FA  
Microsporidia .  negative  positive by:  modified Trichrome stain

**Other Parasite:**

\_\_\_\_\_  detected  not detected method: \_\_\_\_\_

**Malaria:**

- No malarial parasites detected  
 Positive for:  *Plasmodium vivax*  *Plasmodium falciparum*  *Plasmodium ovale*  *Plasmodium malariae*

Forms, if present, are so indicated

\_\_\_\_\_ rings \_\_\_\_\_ growing trophs \_\_\_\_\_ mature trophs  
\_\_\_\_\_ immature schizonts \_\_\_\_\_ mature schizonts \_\_\_\_\_ gametocytes \_\_\_\_\_ microgametes  
RBC appearance \_\_\_\_\_ Schnuffner's stippling

- Plasmodium* species, unable to identify further due to \_\_\_\_\_

**Other results / comments:**

Date reported