

**CENTERS FOR DISEASE CONTROL
Division of Parasitic Diseases**

Patient History Form for *T. solium* (cysticercosis/taeniasis) Specimen Submission

Requesting Physician: Dr. Roshan Reporter Fax: 213-202-5999 Phone: 213-240-7941
Email: rreporter@ph.lacounty.gov

Health District: _____ District PHN: _____

DEMOGRAPHICS

Patient name: (last) _____ (first) _____

Birth date: ____/____/____ Sex: Male Female

Country of birth (check country below)

USA Central/South America Mexico Belize Guatamala El Salvador

Nicaragua Honduras Costa Rica Panama Argentina Bolivia Brazil

Chile Colombia Ecuador Paraguay Peru Uruguay Venezuela

Other: _____

CLINICAL INFORMATION

Finger Stick Collection Date: ____/____/____

Reason for testing

- Household contact of the index cysticercosis case (Index case VCMR# _____)
- Cysticercosis index case (Index case VCMR# _____)

Is the patient symptomatic? Yes No, if yes list onset date: ____/____/____

Brief clinical summary: _____

CT scan results identified: Calcified cyst Granuloma Viable

Other _____

Previous lab results:

Serology results: _____ Lab used: _____

Stool (O+P) exam: _____ Lab used: _____

Other reason for testing _____

TEST REQUESTED – LAB USE ONLY

Cysticercosis/taeniasis serology
CDC staff person contacted _____

Ship package by Fed-Ex priority to:

CDC / Attn: John Noh
Bldg 23, Floor 9, Rm 440
1600 Clifton Rd NE
Atlanta, GA. 30329
Ph: 770-377-1291

MAILING ADDRESS FOR RESULTS

Los Angeles County Public Health Laboratory
12750 Erickson Avenue
Downey, CA 90242,
Telephone: (562) 658-1300
Fax: (562) 401-5999

Please arrange Monday-Friday delivery only. Packages cannot be accepted on weekends or on federal holidays.