

**PARASITOLOGY**

87206 87209 87177  
87207 87172

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF CLINICAL LABORATORIES**

8140 AUM DRIVE, P. O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400

Lab #

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

County Health Dept. CHR Number \_\_\_\_\_ Date of Birth MM DD YY \_\_\_\_\_

Shaded area for Laboratory use only

Date Received MM DD YY \_\_\_\_\_

Medicaid Number \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date Collected MM DD YY \_\_\_\_\_

Specimen:  Feces in Formalin  Pinworm Paddle  Other \_\_\_\_\_

Request:  Ova and Parasite  Pinworm  Cryptosporidium  Cyclospora  Isospora

Initial Specimen  Retest Child Care Associated:  Yes  No

**RESULTS**

- Ascaris
- Blastocystis
- C.mesnili
- Entamoeba coli
- E. hartmanni
- E. histolytica
- E. nana
- Enterobius
- Giardia
- Hookworm
- I. butschlii
- Strongyloides
- Trichuris
- No parasites found

Mail Report to: \_\_\_\_\_

\_\_\_\_\_, AL \_\_\_\_\_

ZIP CODE \_\_\_\_\_

Other: \_\_\_\_\_

Unsatisfactory: (Specimen Discarded)

Provider Number \_\_\_\_\_

Analyst	MM	DD	YY