



**CITY AND COUNTY OF SAN FRANCISCO
PUBLIC HEALTH LABORATORY**
101 Grove Street, Room 419
San Francisco, CA 94102
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Test Order

Parasitology Examination (Non-Bloodborne / Non-Serological)

Synonym(s)	Parasite for Identification
Methodology	(various)
Acceptable Specimen Type(s) for Testing	Please call for consultation.
Transport / Collection Medium	Please call for consultation.
Storage and Preservation of Specimen	Please call for consultation.
Minimum Volume Required	N/A
Additional Collection Instructions	N/A
Additional Required Information	Patient travel history, patient clinical history, physician's full name and contact number, onset of symptoms, county of residence.
Send Out?	Yes
Turnaround Time	Up to 8 weeks.
Testing Restrictions	Please call for consultation.
Requisition Form(s)	http://sfcdcp.org/document.html?id=1036 http://sfcdcp.org/document.html?id=1037
Limitations / Notes / Disclaimers	

Updated 2/13/2017