CENTERS FOR DISEASE CONTROL AND PREVENTION
Division of Foodborne, Waterborne, and Environmental Diseases

Patient History Form—Free Living Ameba Testing Specimen Submission

Physician: _____ Fax: _____

Phone: _____ Email: _____

Mailing Address for Results:

_____
_____
_____
_____

Date specimen drawn: ____/____/____ Date specimen shipped to CDC: ____/____/____

CDC staff person contacted: _____

Patient name: (last) _____ (first) _____

Birthdate: ____/____/____ Sex: [ ] Male [ ] Female

Exposure history: _____

Symptomatic? [ ] Yes [ ] No Date of symptom onset: ____/____/____ Fatal? [ ] Yes [ ] No

Brief clinical summary: _____
_____
_____

Previous applicable lab results (e.g., O&P, serology, etc.): _____
_____

Specimen Type

[ ] CSF type: _____
[ ] Serum
[ ] Tissue/biopsy: [ ] Brain [ ] Lung [ ] Skin [ ] Cornea [ ] Fresh [ ] Frozen
[ ] Stained/unstained section of _____ tissue

[ ] Contact lenses
[ ] Corneal scraping
[ ] Contact lens case
[ ] Contact lens solution Brand: _____ Lot #: _____ Exp. Date: ____/____/____

Send specimen to:
Dr. Govinda Visvesvara
CDC
Roybal Campus
Bldg 23, Room 9-621, Mail Stop D-66
1600 Clifton Road
Atlanta, GA 30333

Phone: 404-718-4159; 404-718-4174
Email: gsv1@cdc.gov

To speak with a subject matter expert regarding a case, please contact one of the following:

- Dr. Govinda Visvesvara at 404-718-4159
- Dr. Sharon Roy at 770-488-4412
- Jonathan Yoder at 770-488-3602

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

Updated 7/2010