



Patient: \_\_\_\_\_ Order Number: \_\_\_\_\_  
Age: 10 \_\_\_\_\_ Completed: \_\_\_\_\_  
Sex: M \_\_\_\_\_ Received: \_\_\_\_\_  
MRN: \_\_\_\_\_ Collected: \_\_\_\_\_

### Parasitology

Specimen Tested: Stool

Blastocystis hominis  
Dientamoeba fragilis trophozoites

Cryptosporidium EIA

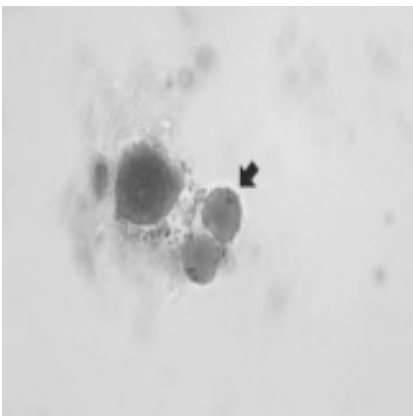


Giardia EIA

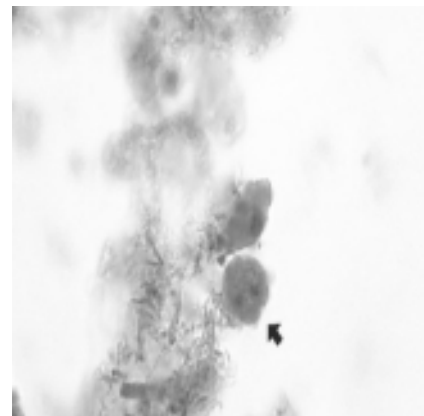


EIA Reference Range is Negative.

Blastocystis hominis



Dientamoeba fragilis trophozoites



***Macroscopic Exam for Larvae (if ordered)******Commentary***

*Blastocystis hominis* is considered by most authorities to be a pathogen. Transmission is fecal/oral, usually through contact with contaminated food or water. *Blastocystis* often lodges in the intestinal mucosa, making eradication difficult. Symptoms may include nausea, vomiting, sleeplessness, lassitude, anorexia, pruritis, irritable bowel or fever, although asymptomatic infections can occur. It has also been reported in association with many chronic conditions including chronic fatigue and reactive arthritis. Three forms have been identified, with the vacuolated form being the most frequently seen in fecal specimens and the most associated with symptoms.

*Dientamoeba fragilis* is a pathogenic flagellate. Transmission is by direct ingestion of the trophozoite, via contaminated water. The organism usually resides in the cecum and proximal colon. Symptoms may include diarrhea, abdominal tenderness, weight loss, fatigue, blood in the stool and eosinophilia, although asymptomatic infections can occur.