



PARKVIEW HEALTH LABORATORIES

Questions for Malaria Workup

Please complete this document and send with the patient's lab requisition/order.

1. Travel History: _____
 - a. Date: _____(Africa = FALCIPARUM; also refugees from SE Asia) USA = (NE Coast) BABESIA
2. Date Returned to U.S. _____
3. Does patient have previous malaria diagnosis? _____
4. If so, what species was identified? _____