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Section: Parasitology Manual	Subject Title: Reporting Results of Enteric Parasitology Specimens	
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REPORTING RESULTS OF ENTERIC PARASITOLOGY SPECIMENS

1. The stage(s) of parasite(s) present in the specimen should not be included as part of the physician report. However, this information should be recorded on the laboratory workcard. There are two exceptions to this:
 - a) For *Strongyloides stercoralis*, the stage is clinically important and the report should indicate rhabditiform, filariform or free-living adults.
 - b) Haematophagus (forms containing red cells) trophozoites of *Entamoeba histolytica*.

2. The quantity of parasite(s) present in the specimen should not be included as part of the physician report. This information should be recorded on the laboratory workcard. The exception to this is:
 - a) In repeat testing for disseminated strongyloidiasis, increasing quantities and progressively more mature forms may be clinically significant.

3. Unless reliable tests that differentiate *Entamoeba histolytica* from *Entamoeba dispar* are used to distinguish between these two species (eg serology), laboratories should report *Entamoeba histolytica/dispar* to their clinicians. The report should include the following statement: "Only *Entamoeba histolytica* is capable of causing disease and should be treated. *Entamoeba dispar* is non-pathogenic and does not require additional investigation or treatment. Currently, serological testing is the only available test to aid in the discrimination between these species."

4. The following Pathogenic Protozoa should **always** be reported:
 - Entamoeba histolytica*
 - Giardia lamblia*
 - Cryptosporidium parvum*
 - Cryptosporidium* species
 - Cyclospora cayetanensis*
 - Microsporidia
 - Dientamoeba fragilis*
 - Balantidium coli*
 - Isospora belli*
 - Eimeria* species
 - Sarcocystis* species

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5. The following protozoa that are currently considered to be non-pathogenic should **NOT** be reported when present. However, they should be recorded on the laboratory workcard. The report should state: “No pathogenic parasites present.”

Endolimax nana
Entamoeba coli
Entamoeba dispar
Entamoeba harmanni
Entamoeba polecki
Enteromonas hominis
Iodamoeba buetschlii
Retortamonas intestinalis
Trichomonas hominis
*Blastocystis hominis**

*Inclusion of *Blastocystis hominis* in this group may change as its pathogenic potential is clarified by well-controlled studies. Also it is debatable whether it is a protozoan.

6. All helminth species should be reported to the clinician.
7. The presence of polymorphonuclear (pus) cells and red blood cells should be reported without quantity. Their absence should **NOT** be noted on the report.
8. A therapeutic recommendation is inappropriate as part of a laboratory report.
9. The presence of yeast should not be routinely reported.
10. All facets of the work must be completed before the final result can be released. All final results are viewed by the senior technologist using the O&P review work list before release.
11. One stool sample may produce up to two samples (concentrate and sequential stain) to be read independently of each other. To maintain objectivity the samples should be read with no knowledge of prior results. It is therefore advisable to consult other lab members to aid in identification of an observed organism, however an attempt should be made to prevent a single individual making the identification of an organism in different preparations of the same sample. Samples used to test the proficiency of the laboratory can be discussed after each member views and records their results.

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NOTE: The presence of Leprosy, *Cryptosporidium*, *Cyclospora*, *Entamoeba histolytica*, *Giardia lamblia*, *Trichinella spiralis* and species of malaria are reportable to the Medical Officer of Health by the next working day. For more information, please refer to the General Information Manual, page 34.

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