



TEST REQUEST FORM

Name of contact person

Affiliation

Address

Tel.

Company e-mail

Requested test (tests accredited by Accredia)

Test accredited in fixed scope

- | | |
|--|--|
| <input type="checkbox"/> Detection of <i>Trichinella</i> larvae in muscle tissues ISO 18743:2015 and Reg EU 2015/1375 Ann. 3
Please, specify: <ul style="list-style-type: none">Animal host species.....Recovery area..... | N° samples ____ |
| <input type="checkbox"/> Identification of <i>Trichinella</i> spp. proteins recognized by specific IgG from serum samples of infected swine by Western blotting (test method MI-13; confirmatory method to be applied on samples tested positive for MI-01 method) | Samples: only positive to MI-01 method |
| <input type="checkbox"/> Identification of <i>Trichinella</i> spp. proteins recognized by specific IgG from serum samples of humans with trichinellosis by Western blotting (test method MI-16; confirmatory method to be applied on samples tested positive for MI-03 method) | Samples: only positive to MI-03 method |

Test accredited in flexible scope (ELISA technique)

- | | |
|---|-----------------|
| <input type="checkbox"/> Detection of anti- <i>Trichinella</i> sp. antibodies in swine sera by indirect ELISA (test method MI-01) | N° samples ____ |
| <input type="checkbox"/> Detection of anti- <i>Trichinella</i> sp. antibodies in human sera by indirect ELISA (test method MI-03) | N° samples ____ |
| <input type="checkbox"/> Detection of anti- <i>Opisthorchis</i> antibodies in human sera (test method MI-07) | N° samples ____ |

Test accredited in flexible scope (PCR technique)

- | | |
|---|-----------------|
| <input type="checkbox"/> Identification of <i>Trichinella</i> sp. larvae at the species level by Multiplex PCR (test method MI-02)
Please, specify: <ul style="list-style-type: none">Animal host species.....Recovery area..... | N° samples ____ |
| <input type="checkbox"/> Identification of Anisakidae larvae at the species level by PCR/RFLP (test method MI-04) | N° samples ____ |
| <input type="checkbox"/> Identification of <i>Cryptosporidium</i> oocysts at the species level by PCR/RFLP (test method MI-06) | N° samples ____ |
| <input type="checkbox"/> Identification of <i>Opisthorchis</i> spp eggs by PCR (test method MI-08) | N° samples ____ |
| <input type="checkbox"/> Identification at assemblage level of <i>Giardia duodenalis</i> cysts by PCR/RFLP (test method MI-09) | N° samples ____ |
| <input type="checkbox"/> Identification of Anisakidae larvae at species level by Multiplex PCR (test method MI-10) | N° samples ____ |
| <input type="checkbox"/> Identification of assemblage A and B of <i>Giardia duodenalis</i> by PCR (test method MI-11) | N° samples ____ |
| <input type="checkbox"/> Identification of <i>Echinococcus granulosus sensu lato</i> complex at species/genotype level by PCR/RFLP and Multiplex PCR (test method MI-15)
Please flag one of the choice regarding sample shipping condition
<input type="checkbox"/> frozen <input type="checkbox"/> ethyl alcohol <input type="checkbox"/> alcohol removed before sending | N° samples ____ |

Test accredited in flexible scope (LAMP technique)



TEST REQUEST FORM

- | | |
|--|-----------------|
| <input type="checkbox"/> Identification of <i>Toxoplasma gondii</i> DNA in food matrices (fresh or processed meat) by LAMP (test method MI-12) | N° samples ____ |
| <input type="checkbox"/> Identification of <i>Toxoplasma gondii</i> DNA in vegetables by LAMP (test method MI-14) | N° samples ____ |

Notes of the applicant:

Requested test (tests not accredited)

- | | |
|---|-----------------|
| <input type="checkbox"/> * Identification of <i>Trichinella</i> spp. proteins recognized by specific IgG from canids serum/muscular juice samples by Western blotting | N° samples ____ |
| <input type="checkbox"/> * Identification of <i>Echinococcus</i> spp. proteins recognized by specific IgG from human serum samples by Western blotting | N° samples ____ |
| <input type="checkbox"/> * Identification of <i>Taenia solium</i> proteins recognized by specific IgG from human serum samples by Western blotting | N° samples ____ |
| <input type="checkbox"/> * Identification of <i>Anisakis</i> spp. proteins recognized by specific IgE from human serum samples by Western blotting | N° samples ____ |
| <input type="checkbox"/> * Molecular identification of parasites by PCR and sequencing | N° samples ____ |
| <input type="checkbox"/> * Parasitological test of faeces/urine | N° samples ____ |
| <input type="checkbox"/> * Other, please specify | N° samples ____ |

* not accredited tests

Notes of the applicant:

Client sampling on	
Sample code (in case of several samples, please add a list reporting the code of each sample)	

The test report should be sent by: ☐ e-mail ☐ other (specify)

NOTES

1. Samples should be sent to: **EURL for Parasites (attention Dr. S.M. Cacciò) - Istituto Superiore di Sanità, viale Regina Elena 299, 00161 Rome, Italy**
2. The sample container shall be labelled with an indelible code. In case of multiple samples, a list shall be added to the request form. In compliance with the current privacy legislation, human-derived samples have to be anonymized by the sender. To protect sensitive data, in case of non-anonymized samples, the Unit will assign a sample code by using the first two letters of name and the first two letters of surname
3. Sampling procedures, shipping and packaging conditions (applicant responsibility)

Muscle tissues	Muscle tissues should be collected according to ISO 18743:2015 (point 4.2) and Annex III of the Regulation EU 2015/1375. Provide no less than 10 gr of striated muscle tissues free of all fat and fascia. If the sample is delivered within 48 hours, it can be sent without refrigeration; it should be sent refrigerated for longer shipping period, under vacuum or in a 0.1% merthiolate solution.
Sera	Sera, collected from non-haemolysed blood samples, should be sent in plastic vials hermetically sealed, refrigerated if delivered within 24 hours, frozen for longer shipping periods. Please, keep in mind that the antibody titre decreases at each freezing/thawing process.
<i>Trichinella</i> spp. larvae	Larvae should be collected from muscle tissue by pepsin-HCl digestion and preserved in ethyl alcohol ≥90%. Each isolate (from 1 to thousands of larvae) should be sent at room temperature in a plastic vial, volume between 0.5 and 2 ml, hermetically sealed by parafilm. Vials should be totally filled by ethyl alcohol to avoid larvae to stick on the vial wall.

TEST REQUEST FORM

Anisakidae larvae	Larvae should be collected from human and animal infected tissue and preserved in ethyl alcohol $\geq 90\%$. Each isolate (from 1 to thousands of larvae) should be sent at room temperature in a plastic vial, volume between 1 and 5 ml, hermetically sealed by parafilm. Vials should be totally filled by ethyl alcohol to avoid larvae to stick on the vial wall.
Cystic material	Cystic material should be preserved frozen or in ethyl alcohol $\geq 70\%$, the alcohol may be removed before sending. Each sample should be sent at room temperature or refrigerated in a plastic vial hermetically sealed by parafilm. Cystic material can be hydatid cyst, protoscolexes and germinal layer. The whole hydatid cyst and protoscolexes are considered tissues of choice for the analysis.
Human and animal faeces	Faecal material (minimum 1 mL) has to be preserved by adding an equal volume of $\geq 90\%$ ethyl alcohol. Each sample should be sent at room temperature in a plastic vial, volume between 1 and 5 ml, hermetically sealed by parafilm.
Fresh or processed meat (not seasoned)	Each 5 gr \pm 1 gr sample, should be sent refrigerated (temperature $\leq 14^\circ\text{C}$) in 50 ml polypropylene conical vial, with screw plug.
Leafy vegetables	Each 50 gr \pm 2 gr sample, should be sent refrigerated (temperature between 4°C and 14°C) in sample plastic bag, appropriately sealed.

4. Samples should be delivered to the laboratory between 8 am and 5 pm of every working day from Monday to Friday. We suggest to send the samples at the beginning of the week, be careful of possible midweek Italian holidays. Each sample should be marked with an identification code. We recommend to mark somehow the code to avoid it to be deleted by a leak of alcohol, if present.
5. Sampling, packaging and shipping of samples to this laboratory are under the responsibility of the applicant. For any further information, please contact us (Tel. +39 06 4990 2304/2078/2310/3216/3071; or by email: simone.caccio@iss.it).
6. Maximum delay for test report forward is 60 days from sample receipt, but it may be otherwise agreed.
7. Sample storage period for further analysis is 30 days. After this time, samples are destroyed or returned to the applicant only on request.
8. Unsuitable samples are segregated and conveniently preserved by the Unit. Applicant, warned by the head of the Unit on the unsuitability of the samples, may arrange removal, return or test execution, if applicable.
9. Personal data are processed in compliance with the regulatory provisions referred to in EU Regulation 2016/679 and Privacy Code, as reported in Legislative Decree no. 101/2018. The data controller of personal data is the Istituto Superiore di Sanità with registered office in Viale Regina Elena n. 299 - 00161 Rome, in the person of its President. In addition, the ISS has appointed its own Data Protection Officer (D.P.O.), e-mail address: responsabile.protezionedati@iss.it. Data are processed exclusively for carrying out the test activities, for this purpose adequate physical, technical and organizational security measures have been set up to prevent and avoid their destruction and/or loss of integrity, as well as their illicit or incorrect use. Data and samples are accessible only to personnel authorized to process personal data as part of the test activities, authorized person has their own credentials and their own operating station. The applicant has the rights referred to in art. 15 GDPR et seq., more precisely right of access, right of rectification, right of limitation of treatment, right to data portability, right of opposition, as well as the right to lodge a complaint with the Guarantor Authority (art. 77 GDPR and 141 Privacy Code, as reported by Legislative Decree 101/2018). The ISS, in its capacity as Data Controller, undertakes to keep the records of processing activities correctly pursuant to art. 30 GDPR.
10. The original raw data and a copy of the test report are kept for 10 years at this Institute.
11. At present, this service is free of charge, but for sample shipping cost.
12. The accreditation, according to the ISO/IEC 17025 international standard, is submitted to a convention and recognizes the technical competence of the laboratory to perform specific analytical methods. The accreditation body, ACCREDIA (www.accredia.it), does not take any responsibility on the acceptance of the test sample and on the test results or their interpretation.

Date _____ Signature of the applicant _____

Do not fill in this section

Sample received on _____

Condition of sample at arrival suitable ☐ unsuitable ☐

Notes



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Name of contact person

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Address

Tel.

Company e-mail

Requested test (tests accredited by Accredia)

Test accredited in fixed scope

- | | |
|--|--|
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Please, specify: <ul style="list-style-type: none">Animal host species.....Recovery area..... | N° samples ____ |
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Test accredited in flexible scope (ELISA technique)

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| <input type="checkbox"/> Detection of anti- <i>Trichinella</i> sp. antibodies in swine sera by indirect ELISA (test method MI-01) | N° samples ____ |
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| <input type="checkbox"/> Detection of anti- <i>Opisthorchis</i> antibodies in human sera (test method MI-07) | N° samples ____ |

Test accredited in flexible scope (PCR technique)

- | | |
|---|-----------------|
| <input type="checkbox"/> Identification of <i>Trichinella</i> sp. larvae at the species level by Multiplex PCR (test method MI-02)
Please, specify: <ul style="list-style-type: none">Animal host species.....Recovery area..... | N° samples ____ |
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Test accredited in flexible scope (LAMP technique)



TEST REQUEST FORM

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Date _____ Signature of the applicant _____

Do not fill in this section

Sample received on _____

Condition of sample at arrival suitable ☐ unsuitable ☐

Notes

