Malarial Parasite

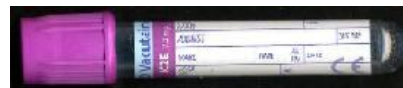|	
Synonyms	MP; Thick and Thin films
Clinical Indication	P.U.O., Rigors, temperature fluctuations, flu-like symptoms after travel to a malarial area.
Part of Profile / See Also	Full blood count, Thin film, Thick film, Falciparum Screen, Malarial Parasite. **NB:** if demonstrated, blood film sent to malarial reference centre for confirmation. If not demonstrated, then message to repeat if symptoms persist.
Request Form	Combined Pathology manual blood form or ICE request
Availability / Frequency of Analysis	On request. Referred test: If demonstrated sample sent to Malaria Reference Laboratory, London School of Hygiene and Tropical Medicine for confirmation
Turnaround Time	4 hours for all lab tests 3 working days for referral confirmation testing
Patient Preparation	None required
Sample Requirements	
Specimen Type	Whole Blood
Volume	2 EDTA samples required (2 x 3 or 4 ml EDTA)
Container	Purple top (EDTA) tube Paediatric Lavender top (EDTA) tube
Reference Range & Units	Positive or Negative. Parasitaemia expressed as percentage.
Interferences	Short time period before morphology changes. Staining of blood films for parasite analysis are very sensitive to pH.
Interpretation & Clinical Decision Value (if applicable)	This screen is only suitable to detect the presence of malaria parasites during acute clinical episodes. A negative screen does not exclude the diagnosis of malaria. Screening should be repeated if clinically indicated. If a malaria parasites are identified then the laboratory will initially determine species and send away to the MRL for confirmation. If Plasmodium falciparum or Plasmodium knowelsi is suspected the laboratory will perform a parasitaemia count.
References	Malaria reference laboratory (MRL): user handbook
Test code	MAL and RMAL (for confirmation only)
Lab Handling	FBC should be performed on all new malaria requests in addition to thick and thin films and RDT antigen card. If result is positive send the second sample to the MRL for confirmation.