INTRODUCTION

Over 70 different species of parasites, belonging to two major groups (Protozoa and Helminths), can be found in various parts of the human body.

Parasitosis may result from exposure via one or more of the following sources: 1) contaminated soil or water; 2) food containing the immature infective stage of the parasite; 3) a blood sucking insect; 4) a domestic or wild animal harboring the parasite; 5) another person, their clothing, bedding, or the immediate environment that they have contaminated; or 6) oneself.

Competent laboratory work is dependent on several factors; 1) satisfactory specimens; 2) safe and adequate facilities, including a good quality microscope; 3) personnel trained in examining specimens and accurately identifying organisms; and 4) personal trained in safety and protection from stool, body fluid and blood-borne pathogens (Universal Precautions).

The most common types of body material submitted for parasitology examination are stools and blood, however other materials, such as anal swabs, urines, aspirates, abscesses or respiratory specimens, surgical specimens and biopsies may all be submitted in certain cases.

In diagnostic parasitology accuracy is most important, for careless work may result in the lack or delay of treatment for an infected patient or treatment for an incorrectly diagnosed infection. Quality work is based on two principals; quality control (QC) and quality assurance (QA). Quality control ensures that each step of the process is done properly, while quality assurance ensures that the entire process produces the correct result. The definitive diagnosis must rest on positive identification of species present, not on speculation.