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**Address for results:\* Mycology Reference Centre**

**2nd Floor Laboratories, Education & Research Centre, Wythenshawe Hospital, Manchester M23 9L**

[**Tel: 0161**](Tel:0161) **291 2124**

**Email: mft.mrcm@nhs.net**

*must be nhs.net*

**NHS Number:\* 123 456 789**

**Hospital Number:\*RM212345**

**DOB:\*** 15/04/1987 **M / F**

**Examination of Hair, Skin and Nail**: ⬜

Please state site: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**Mould ID/Susceptibility Testing** (please tick required drugs)

Culture ID if known: ? A.fumigatus

*Standard package*:

itraconazole, amphotericin, voriconazole, posaconazole, full ID and storage

Additional options:

Isavuconazole: ⬜

Terbinafine: ⬜

Micafungin: ⬜

Ibrexafungerp: ⬜

**Identification only**: ⬜

**TEST REQUESTS**

**Antifungal Level Assays**

(please tick assay required)

Flucytosine: ⬜

Itraconazole: ⬜

Posaconazole: ⬜

Voriconazole: ⬜

Isavuconazole: ⬜

Fluconazole: ⬜

Pre-dose: ⬜ Time: \_\_\_\_\_

Post-dose: ⬜ Time: \_\_\_\_\_

Random: ⬜ Time: \_\_\_\_\_

**Please state ALL current antifungal therapy: ­­­­­­­­­­­**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Interpretation depends on correct timings, and presence of other antifungals*

**Yeast ID/Susceptibility Testing**

(please tick required drugs)

Culture ID if known: \_\_\_\_\_\_\_\_

*Standard package*: ⬜

flucytosine, fluconazole, amphotericin, micafungin, anidulafungin, full ID and storage

*HVS package*: ⬜

fluconazole, amphotericin, itraconazole, full ID and storage

Additional options:

Caspofungin: ⬜

Itraconazole: ⬜

Voriconazole: ⬜

Posaconazole: ⬜

Ibrexafungerp: ⬜

**Identification only**: ⬜

**Clinical details, including travel history:**

ABPA on Itraconazole; Recently traveled to France. No TB risk. HIV Positive.

Please indicate if **high risk**:

**Fungal Molecular Tests** (please tick assay required)

*Aspergillus* PCR (respiratory samples): ⬜ Please state type of respiratory sample: \_\_\_\_\_\_\_\_\_\_\_\_

Molecular resistance testing available upon request - please contact the laboratory

**Hospital:\* Wythenshawe** **Ward:\*** 1 **Requesting doctor:\* Dr Smith**

**Lab No:\*M20.1234**  **Date taken:\*15/04/2020** **Specimen site:\*BAL**

**Forename:\* John**

**Surname:\* Smith**

**Fungal Serology Tests** (please tick assay required)

*Aspergillus* galactomannan ELISA: Blood ⬜ Bronchial wash ⬜ Sputum ⬜ Other: ­­­­­­\_\_\_\_\_

Cryptococcal antigen: Blood ⬜ CSF ⬜ Other: ­­­­­­\_\_\_\_\_

*Aspergillus fumigatus* precipitins: Blood ⬜

Fungal glucan: Blood ⬜ Other: ­­­­­­\_\_\_\_\_\_\_ (sputum is not appropriate for glucan testing)

**Tick if urgent: ⬜ and please inform the laboratory by telephone 0161 291 2124 prior to sending specimen**

**\* Essential information**

**MYCOLOGY REFERENCE CENTRE**

**MANCHESTER**

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Manchester M23 9LT Tel: **0161 291 2124**

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