|  |  |
| --- | --- |
| Malcolm SSD:Users:malcolm:Desktop:Screen Shot 2017-01-03 at 15.37.33.png**MYCOLOGY REFERENCE CENTRE****MANCHESTER** | 2nd Floor Laboratories, Education & Research Centre, Wythenshawe Hospital, Southmoor Road, Manchester M23 9LT Tel: **0161 291 2124**Email: mft.mrcm@nhs.net DX No: DX332601 |
| **Surname:\***  | **Forename:\*** |
| **DOB:\***   |  **M / F** | **NHS Number:\*****Hospital Number:\*** |
| **Hospital:\***   |  **Ward:\***  | **Requesting doctor:\*** |
| **Lab No:\***  **Date taken:\*** **Specimen site:\*** |

**Fungal Culture:** ⬜

Please state site:

***If susceptibility testing is required on mould growth, please tick***⬜

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

Please state site: ­­­­­­­­­­­­­­­­­

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

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

*Standard package*: ⬜

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

Additional options:

Isavuconazole: ⬜

Terbinafine: ⬜

Micafungin: ⬜

Ibrexafungerp: ⬜

**Identification only**: ⬜

**Address for results:\***

**Tel:**

**Email:**

*must be secure email*

**Clinical details, including travel history:**

Please indicate if **high risk**: ⬜

**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**: ⬜

**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*

**TEST REQUESTS**

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

**\* Essential information**

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

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

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

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

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

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

Panfungal PCR: Please state specimen type: ⬜

Molecular resistance testing available upon request - please contact the laboratory