Diagnostic Mycology and Assays

Referral of clinical samples for diagnostic mycology

Mycology Reference Laboratory
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Bristol Laboratory DX
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SENDERS INFORMATION

Sender’s name and address

Report to be sent FAO
Contact Phone
Purchase order number
Project code

PATIENT/SOURCE INFORMATION

NHS number
Surname
Forename
Sex
male
female
Date of birth
D
M
Y
Age

SAMPL INFORMATION

Your reference
Sample Type
Serum
CSF
BAL
Sputum
Slide
Plasma/EDTA
Other (please specify)

Date of collection
D
M
Y
Time

Date sent to UKHSA
D
M
Y

Please state if the sample requires handling at containment level 3. If so please contact the Laboratory prior to sending.

For urgent requests please telephone the laboratory

TESTS REQUESTED

Microscopy & Culture
Microscopy
Culture

Antifungal Assays
Flucytosine
Isavuconazole
Itraconazole
Posaconazole
Voriconazole
Other (please specify)

Please note in clinical details if the patient is on combination therapy

Flucytosine
Pre Dose
Isavuconazole
Post Dose
Itraconazole
Unknown
Posaconazole
Random

Antibodies (Precipitins)
Aspergillus
Candida
Dimorphic fungi
NB These samples will not be processed without a relevant travel history

Antigens
Aspergillus (Galactomannan)
Candida
Cryptococcus
Beta-glucan

PCR (investigational)
Aspergillus
Candida
Pan-fungal
Mucor
PJPA

Please note in clinical details if the patient is on combination therapy

Flucytosine
Itraconazole
Posaconazole
Voriconazole

Other (please specify)

Myology Laboratory to select most appropriate based on travel history

SENDERS LABORATORY RESULTS

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Recent foreign travel? Yes No Unknown
Country (essential for dimorphic serology)

Immunocompromised? Yes No Unknown

Clinical details

REFERRED BY

Name Signature Date

All requests are subject to UKHSA standard terms and conditions