



Diagnostic Mycology and Assays

Referral of clinical samples for diagnostic mycology

Mycology Reference Laboratory
Reference Services Division UKHSA
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6120201 Bristol 90B

Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

Postcode

PATIENT/SOURCE INFORMATION

NHS number

Surname

Forename

Sex male female

Date of birth

D	D	M	M	Y	Y
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 Age

SAMPLE INFORMATION

Your reference

Sample Type

- Serum CSF BAL
 Sputum Slide Plasma/EDTA
 Other (please specify)

Date of collection

D	D	M	M	Y	Y
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 Time

Date sent to UKHSA

D	D	M	M	Y	Y
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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

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

- Flucytosine Pre Dose
 Isavuconazole Post Dose
 Itraconazole Unknown
 Posaconazole Random
 Voriconazole
 Other (please specify)

Please telephone Laboratory before sending samples

Serology

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
 PJP

Dimorphic fungus antibody testing (please circle):
 Blastomyces Coccidioides Histoplasma Paracoccidioides

Mycology Laboratory to select most appropriate based on travel history

SENDER'S 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

D	D	M	M	Y	Y
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