# Diagnostic Mycology and Assays

*Referral of clinical samples for diagnostic mycology*

**Mycology Reference Laboratory**
National Infection Services
PHE South West Laboratory
Science Quarter, Southmead Hosp, Bristol, BS10 5NB

**PHE South West**
Bristol Laboratory
DX 6120200

Phone +44 (0)117 414 6222
www.gov.uk/phe

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## SENDER'S INFORMATION

**Sender's name and address**

**Purchase order number**

**Postcode**

**Phone**

**Ext**

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## PATIENT/SOURCE INFORMATION

**NHS number**

**Surname**

**Forename**

**Sex**

- male
- female

**Date of birth**

- **D**
- **M**
- **Y**

**Age**

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## SAMPLE INFORMATION

**Your reference**

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

**Sample Type**

- Serum
- CSF
- BAL
- Sputum
- Slide
- Whole blood
- Other (please specify)

**Date of collection**

- **D**
- **M**
- **Y**

**Date sent to PHE**

- **D**
- **M**
- **Y**

**Priority status**

(if urgent, please contact Laboratory)

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## TESTS REQUESTED

### Microscopy & Culture

- Microscopy
- Culture

### Antifungal Assays

- Fluconazole
- Itraconazole
- Posaconazole
- Voriconazole
- Isavuconazole
- Other (please specify)

Please telephone Laboratory before sending samples

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## CLINICAL/EPIDEMIOLOGICAL INFORMATION

**Recent foreign travel?**

- Yes
- No
- Unknown

**Country**

**Immunocompromised?**

- Yes
- No
- Unknown

**Clinical details**

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## REFERRED BY

**Name**

**Signature**

**Date**

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All requests are subject to PHE standard terms and conditions