



Mycology Identification/Susceptibility Testing

Isolates of mould or yeast for Identification and/or antifungal susceptibility testing

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

Y

Y

Age

SAMPLE INFORMATION

Your reference

Nature of Isolate

Yeast

Mould

Isolation Site

Blood

CSF

HVS

BAL

Other (please specify)

Date of collection

D

D

M

M

Y

Y

Time

Date sent to UKHSA

D

D

M

M

Y

Y

Do you suspect that the isolate you are referring could be Hazard Group 3? Yes No

If so please contact the Laboratory prior to sending the specimen

Please provide preliminary ID and laboratory results

Please state the presumptive identification

For urgent requests please telephone the laboratory

TESTS REQUESTED

Identification

Antifungal susceptibility testing

Antifungal drugs requested for Susceptibility Testing (charged per drug unless confirmatory)

If no specific antifungal drugs are selected, we will select the most appropriate panel based on site and clinical details

Amphotericin B

Anidulafungin

Clotrimazole

Ketoconazole

Griseofulvin

Nystatin

Caspofungin

Econazole

Miconazole

Terbinafine

Flucytosine

Micafungin

Fluconazole

Posaconazole

Natamycin

Other (please specify)

Isavuconazole

Voriconazole

Itraconazole

SENDER'S LABORATORY RESULTS

Identification method and result:

Susceptibility testing method and result:

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Recent foreign travel?

Yes

No

Unknown

Country

Clinical details

REFERRED BY

Name

Signature

Date

D

D

M

M

Y

Y