



Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Purchase order number

Postcode

Phone

Ext

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

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 | D | M | M | Y | Y | Time

Date sent to PHE | D | D | M | M | Y | Y

Priority status (if urgent, please contact Laboratory)

TESTS REQUESTED

Microscopy & Culture

Microscopy

Culture

Antifungal Assays

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

Flucytosine

Pre Dose

Itraconazole

Post Dose

Posaconazole

Unknown

Voriconazole

Random

Isavuconazole

Other (please specify)

Please telephone Laboratory before sending samples

Serology

Antibodies (Precipitins)

Aspergillus

Candida

Avian

Farmer's Lung

Dimorphic fungi

Other (please specify)

Antigens

Aspergillus
(Galactomannan)

Candida

Cryptococcus

Beta-glucan

PCR (investigational)

Aspergillus

Candida

Pan-fungal

Mycology Laboratory to select most appropriate test(s) based on clinical details

SENDER'S LABORATORY RESULTS

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Recent foreign travel? Yes No Unknown

Country

Immunocompromised? Yes No Unknown

Clinical details

REFERRED BY

Name

Signature

Date

| D | D | M | M | Y | Y