FUNGUS TESTING LABORATORY REQUISITION
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO
DEPARTMENT OF PATHOLOGY
7703 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229-3900
(210) 567-4131 / FAX: (210) 567-4076 or (210)614-4250
http://strl.uthscsa.edu provides shipping/specimen specific requirements

From: ___________________________ Date: ______________
Phone: __________________________
Contact: __________________________
Diagnosis: ________________________
FAX: ____________________________
Physician: ________________________
Patient: __________________________ Pt. ID #: _______________________

TESTS REQUESTED
(Submit organism in pure culture)

Isolate: __________________________
Your culture #: ____________________ Source: ___________________________

SUSCEPTIBILITY TESTING ($65.00/Drug) CPT 87186 yeast, CPT 87188 mould
**MLC Minimum Lethal Concentration - CPT 87187 (performed by request only $15/drug)

<table>
<thead>
<tr>
<th>MLC</th>
<th>AMB</th>
<th>5-FC</th>
<th>ITRA</th>
<th>CLOT</th>
<th>GRIS</th>
<th>MICA</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYS</td>
<td>Nystatin</td>
<td>CAS</td>
<td>Caspofungin</td>
<td>TERC</td>
<td>Voriconazole</td>
<td>Anidulafungin</td>
<td>Other</td>
</tr>
</tbody>
</table>
| NAT | Natamycin | FLU | Fluconazole | TEB | Pesaconazole | ISA | ISA

AZOLE PANEL ($200.00 FLU, ITRA, VORI, POSA) AMB/CANDIN PANEL ($200.00 AMB/ANID/CAS/ MICA)

SYNERGY STUDIES Combined Drug Therapy ($150.00/test * NOTE: a $65/individual drug charge also applies) (CPT 87999 - misc. micro)

[ ] + [ ] + [ ]

FUNGAL IDENTIFICATION
Identification is by combined phenotypic characterization and molecular sequencing
Please NOTE: Requisition for Molecular Strain Identification and Epidemiology available at http://strl.uthscsa.edu or via FAX

Routine Identification ($240.00) (CPT for yeast 87153 plus 87106 yeast/CPT for moulds 87153 plus 87107

DNA Probe – ___Coccidioides immitis/posadasii ___Blastomyces dermatitidis ___Histoplasma capsulatum ($155.00) (CPT 87797)

ANTIFUNGAL DRUG LEVELS
$120.00/Specimen CPT 80299 HPLC/LCMS

Specimen requirements: 1 ml plasma/serum spun-down and separated. Must remain frozen and be shipped on ice packs/dry ice.

Specimen: ______________ Date/Time Drawn: __________ Dose: __________
Date/Time Last Dose: __________

[ ] Amphotericin B [ ] Caspofungin [ ] Micafungin [ ] Isavuconazole
[ ] Voriconazole [ ] Posaconazole [ ] Itraconazole [ ] Fluconazole

Please indicate all antifungal agents patient is receiving at time of collection: __________________________

CAP# 21433-01 MCR # CLO523 MCDTPI# 025353601 CLIA 45D0660483 TAX ID# 74-1586031 NPI# 1396717989
BILLING TO INSTITUTIONS AND PHYSICIANS ONLY
UFF-0285