

**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)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)

	MLC		MLC		MLC
_____ AMB Amphotericin B	_____	_____ NYS Nystatin	_____	_____ NAT Natamycin	_____
_____ 5-FC 5-Fluorocytosine	_____	_____ CAS Caspofungin	_____	_____ FLU Fluconazole	_____
_____ ITRA Itraconazole	_____	_____ KETO Ketoconazole	_____	_____ MON Miconazole	_____
_____ CLOT Clotrimazole	_____	_____ TERC Terconazole	_____	_____ TERB Terbinafine	_____
_____ GRIS Griseofulvin	_____	_____ VORI Voriconazole	_____	_____ POS Posaconazole	_____
_____ MICA Micafungin	_____	_____ ANID Anidulafungin	_____	_____ ISA Isavuconazole	_____
_____ Other _____	_____	_____ Other _____	_____	_____ Other _____	_____

\_\_\_\_\_ **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: \_\_\_\_\_