

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
www.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 | _____ | _____ 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 Research Epidemiology/Relatedness Studies available at www.strl.uthscsa.edu or via FAX

_____ Identification (\$240.00) (CPT for yeast 87153 plus 87106/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 82491 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 | _____ 5-fluorocytosine | _____ Fluconazole | _____ Itraconazole |
| _____ Posaconazole | _____ Voriconazole | _____ Ketoconazole | _____ |
| _____ Anidulafungin | _____ Caspofungin | _____ Micafungin | _____ |

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