REQUISITION FUNGUS TESTING LABORATORY

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

FAX:	Date: Phone: Contact: Diagnosis: Physician:	
MOLECULAR DIAGNOSTICS Submit organism in pure culture CPT Code: 87999		
Patient:	Patient ID #:	
Your Culture #:	Source :	
Epidemiology – species ID if known:		_
Patient:	Patient ID #:	
Your Culture #:	Source :	_
Epidemiology – species ID if known:		
Patient:	Patient ID #:	
Your Culture #:	Source :	

COMBINED MOLECULAR DIAGNOSTICS AND EPIDEMIOLOGY: \$590.00 for the first two isolates and \$205 for each additional isolate (identification and strain relatedness determination). 10% Discount off total for a set of 10 or more.

Patient ID #:

Source :

Epidemiology – species ID if known:

Patient:

Epidemiology – species ID if known:

Your Culture #: ____

CAP# 21433-01 MCR # CLO523 MCD# LO4585235 CLIA 45D0660483 TAX ID# 74-1586031