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: __________________________
Physician: __________________________
Pt. ID #: __________________________
FAX: __________________________
Source: __________________________

TESTS REQUESTED
(Submit organism in pure culture)

Isolate: __________________________
Your culture #: __________________________

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>AMB</th>
<th>ANF</th>
<th>CAS</th>
<th>CLO</th>
<th>FLU</th>
<th>KETO</th>
<th>MAL</th>
<th>NAT</th>
<th>NYS</th>
<th>NXY</th>
<th>POS</th>
<th>TBO</th>
<th>TERC</th>
<th>TTH</th>
<th>TUR</th>
<th>TRA</th>
<th>TRC</th>
<th>VOR</th>
<th>WOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AZOLE PANEL ($200.00 FLU, ITRA, VORI, POSA) AMB/CANDID 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 80187 Posaconazole, 80285 Voriconazole, for others (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 __________________________ Fluconazole __________________________ Isavuconazole
Voriconazole __________________________ Posaconazole __________________________ Itraconazole

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