

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	Casopfungin	_____	FLU	Fluconazole
_____	TTRA	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, TTRA, 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* species _____ *Histoplasma* species (\$155.00) (CPT 87797)

ANTIFUNGAL DRUG LEVELS

\$120.00/Specimen CPT 80187 Posaconazole, 80285 Voriconazole, 80189 Itraconazole, 80299 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: _____