

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 or (210) 567-4076
<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	_____
_____ TTRA Itraconazole	_____	_____ IBX Ibrexafungerp	_____	_____ 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)

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: _____