



Bacteria, Virus, Fungus, and Parasite Metagenomic Sequencing Patient Information

Instructions: Accurate interpretation and reporting of results can be idealized if the reason for testing and clinical information is available. To help provide the best possible service, supply the information requested below and **send paperwork with the specimen, or return by fax to Mayo Clinic Laboratories, Attn: CMML at 507-284-1759. Phone: 800-533-1710 / International clients: 855-379-3115 or +1-507-284-9273, or email mliintl@mayo.edu.**

Patient Information

Patient Name (Last, First Middle)	Birth Date (mm-dd-yyyy)
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Referring Healthcare Professional Information

Requesting Healthcare Professional Name (Last, First)	Phone	Email*
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*Any communication sent via email will comply with applicable HIPAA regulations.

Reason for Testing/Clinical History/Differential Diagnosis

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Clinical Information

Method of Cerebrospinal Fluid Collection
 Lumbar puncture Shunt tap Other, specify: _____

Cerebrospinal Fluid Testing Results: Provide units where applicable.

Total nucleated cell count: _____

Differential: Percent neutrophils: _____ Percent lymphocytes: _____ Percent monocytes: _____ Percent eosinophils: _____

Erythrocyte cell count: _____ Protein: _____ Glucose: _____

Gram stain: Negative Positive; specify: _____

Bacterial culture: Negative Positive; specify: _____

Streptococcus pneumoniae antigen: Negative Positive

Fungal stain: Negative Positive; specify: _____

Fungal culture: Negative Positive; specify: _____

Cryptococcal antigen: Negative Positive; specify: _____

Beta-D-glucan: Negative Positive; specify: _____

Mycobacterial stain: Negative Positive; specify: _____

Mycobacterial culture: Negative Positive; specify: _____

PCR (specify test[s] performed and result): _____

Other relevant test results; specify: _____

Clinical Presentation

Acute meningitis Acute encephalitis Chronic meningitis Chronic encephalitis CSF shunt-related infection

Post surgical infection; specify: _____

Other; specify: _____

Medical and Exposure History

Immunocompromised HIV infection Animal exposure CSF Shunt Travel history

History of neurosurgery or orthopedic spine surgery

Provide details: _____
