# 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: Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55091

FAX: 1-507-538-5340

Date: _____
Phone: 1-800-533-1710
Contact: _____
Diagnosis: _____
Physician: _____

Patient: _____ Pt. ID & DOB#: _____

## TESTS REQUESTED
**(Submit organism in pure culture)**

Species: _____ Collection Date(**Required**): _____

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 | |
| ____ | ITRA | Itraconazole | | ____ | IBX | Ibrexafungerp | | ____ | MON | Miconazole | |
| ____ | CLOT | Clotrimazole | | ____ | TERC | Terconazole | | ____ | TERB | Terbinafine | |
| ____ | GRIS | Griseofulvin | | ____ | VORI | Voriconazole | | ____ | POS | Posaconazole | |
| ____ | MICA | Micafungin | | ____ | ANID | Anidulafungin | | ____ | ISA | Isavuconazole | |
| ____ | REZA | Rezafungin | | ____ | Other | _____ | | ____ | Other | _____ | |

____**AZOLE PANEL** ($200.00 FLU, ITRA, 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 DNA sequencing or MALDI-TOF MS**

____ Routine Identification ($240.00) CPT for yeast 87153 plus 87106 /CPT for moulds 87153 plus 87107

____ MALDI-TOF MS for yeasts CPT 87106 ($120.00 MALDI-TOF MS only; reflex to Routine Identification above if no identification by MALDI-TOF MS, total cost $240.00)

## 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: _____