Contact: Mycology Reference laboratory
Public Health Wales Microbiology Cardiff
University Hospital of Wales
Heath Park, Cardiff CF14 4XW
Tel: 02920 742044 DX: 6070100

Mycology Regional Reference Laboratory Request Form

Senders Information:

Sender's name and address

Post code: Telephone:

Patient source information:
Episode number/Laboratory reference number

NHS Number: _ _ _/_ _ _/_ _ _ _ **Surname:**.....

Forename: ..... **Sex: Male /Female**

Date of birth:..... **Age.....**

Clinical/epidemiological infomation:

Recent foreign travel? Yes*/No/Unknown *If yes please specify country:.....

Immunocompromised? Yes*/No/Unknown *If yes please specify:.....

Haematology Patient Yes /No/Unknown

Solid Organ Transplant Yes*/No/Unknown *If yes please specify organ:.....

Other Clinical details (Including Animal contact):

Sample information:

Your reference No: **If sample requires handling at Containment level 3.Contact laboratory prior to sending**

Sample type:

☐ Hair/Skin/Nails ☐ Serum ☐ Plasma ☐ Isolate (Please state site).....

☐ Sputum ☐ Blood ☐ CSF ☐ Other (please state).....

Date of collection: .....Time:.....Date sent to reference lab .....

Please give results from preliminary tests:

Tests requested:

☐ **Culture Identification** ☐ **Susceptibility Testing** ☐ **Antifungal levels (Specify)**

Serology: **Molecular:** .....

Antibodies

☐ ***Aspergillus* IgG***

☐ ***Candida* Antibody***

☐ **Avian Preciptins**

Antigens

☐ ***Aspergillus** (Galactomannan)**

☐ ***Candida* (mannan)***

☐ **Cryptococcus**

☐ **β-D-Glucan***

PCR

☐ **Fungal PCR* (Aspergillus)**

☐ ***A. fumigatus* resistance PCR***

☐ ***Pneumocystis* PCR***

☐ **Other PCR Please Specify: .....**
(Please contact the lab in advance)

☐ **Genetic risk screen* (contact the lab in advance)**

***Interpretative advice available on website**

Referred by: **Date:**