MYCOLOGY TEST REQUEST

State Form 6983 (R6/10-07)
CLIA Certified Laboratory #15D0662599

Date Received_____ ISDH Lab Number_____

Reset Form

Indiana State Department of Health Laboratories **550 W. 16th Street, Suite B** **Indianapolis, IN 46202-2203** **(317) 921-5500** SEND REPORT TO:	Patient **Last Name*** **First Name *** **M** Age Sex
Contact Person: _____ Phone Number: ( )_____ Ext._____	**Specimen Information** ☐ Culture for Identification Date Submitted_____ Source_____ Media_____ Suspected Organism _____ ☐ Specimen/Sample Date Collected_____ Date Submitted_____ Type_____
INITIAL REPORT Date _____ By_____ ☐ Gram Stain Negative ☐ Gram Stain Positive for Fungal Forms ☐ Specimen cultured; allow 2-4 weeks or longer ☐ Culture received; identification in progress	**FINAL REPORT** Date_____ By_____ ☐ Fungus not Isolated ☐ Specimen/Culture Unsatisfactory ☐ Organism(s) Isolated/Identified: ☐ Identified by Exoantigen Test ☐ Identified by GenProbe
PROGRESS REPORT Date_____ By_____	**FINAL IDENTIFICATION**

☐ Copy to Chronic and Communicable Disease

MYCOLOGY

(Examination for Fungi)

INSTRUCTIONS

Fill out the request form as completely as possible. **TYPE OR PRINT LEGIBLY**. The report will be photocopy of the front side only, returned in a window envelope to the address you transcribe in the "Send Report To" box.

Submission of Cultures – PROVIDE OWN APPROVED MAILING CONTAINER

1. Submit a pure culture on an agar slant. Use a screw-capped tube only. PETRI DISH OR BROTH CULTURE SUBMISSIONS ARE UNSATISFACTORY AND WILL BE DISCARDED UPON RECEIPT.

2. Pack the culture in the container assuring that all lids are securely tightened. Enclose the specimen and this completed form in approved packaging conforming to postal laws for shipping cultures and mail to the laboratory.

3. Specimens without a patient name or ID will be considered **UNSATISFACTORY** and may not be tested.

***REQUIRED INFORMATION**