

Request Form for Fungal Biomarkers



FOR LAB USE ONLY
PLEASE AFFIX SPECIMEN
NUMBER BARCODE LABEL
HERE

MICROBIOLOGY DEPARTMENT

St. James's Hospital, Dublin 8.

Tel.: 4162941 / 4162966 / 4162967

Request Details (Complete Fully OR Attach an Addressograph Label inside the dotted line below):

Hospital	<input type="text"/>	EXT Lab No:	<input type="text"/>		
Patient MRN	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Surname	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
First Name	<input type="text"/>	Ethnicity (if relevant):	<input type="text"/>		
Patient's Address:	<input type="text"/>		Telephone No:	<input type="text"/>	

Consultant's Name:	<input type="text"/>	Signature of Person Making the Request:	<input type="text"/>
Ward or Clinic Name	<input type="text"/>	Contact Number for Reports:	<input type="text"/>

Clinical Details:	Drug / Antifungal Therapy
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Date Specimen Taken:	<input type="text"/>	Time Taken:	<input type="text"/>	Date/Time Received:	<input type="text"/>
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Sample Requirements:

- Send 700 µL (minimum) for Galactomannan testing
- Send 200 µL (minimum) for BDG testing
- Send 2 x sample aliquots if both tests are required

Serum for β -D-glucan (BDG)
*(only serum for BDG will be processed, **DO NOT SEND BAL SAMPLES**)*

Serum for Galactomannan

BAL for Galactomannan

Tracheal Aspirate for Galactomannan

Ref.: LF-MICRO-0642 Ed. 01

Specimen requirements and other information are available on www.stjames.ie by clicking on the "Lab Services" Tab.