**TEST REQUESTS**

### Yeast ID/Susceptibility Testing
(please tick required drugs)

- Culture ID if known: __________
- **Standard package:**  
  flucytosine, fluconazole, amphotericin, micafungin, anidulafungin, full ID and storage
- **HVS package:**  
  fluconazole, amphotericin, itraconazole, full ID and storage
- Additional options:  
  - Caspofungin:  
  - Itraconazole:  
  - Voriconazole:  
  - Posaconazole:  
  - Ibexafungerp:  

- **Identification only:**  

### Mould ID/Susceptibility Testing
(please tick required drugs)

- Culture ID if known: __________
- **Standard package:**  
  itraconazole, amphotericin, voriconazole, posaconazole, full ID and storage
- Additional options:  
  - Isavuconazole:  
  - Terbinafine:  
  - Micafungin:  
  - Ibexafungerp:  

- **Identification only:**  

### Examination of Hair, Skin and Nail
(please tick required)

- Please state site: __________

### Antifungal Level Assays
(please tick assay required)

- Flucytosine:  
- Itraconazole:  
- Posaconazole:  
- Voriconazole:  
- Isavuconazole:  
- Fluconazole:  
- Pre-dose:  
  - Time: _____
- Post-dose:  
  - Time: _____
- Random:  
  - Time: _____

- Please state ALL current antifungal therapy:  

  Interpretation depends on correct timings, and presence of other antifungals

### Fungal Serology Tests
(please tick assay required)

- **Aspergillus galactomannan ELISA:**  
  - Blood:  
  - Bronchial wash:  
  - Sputum:  
  - Other: _____
- **Cryptococcal antigen:**  
  - Blood:  
  - CSF:  
  - Other: _____
- **Aspergillus fumigatus precipitins:**  
  - Blood:  
- **Fungal glucan:**  
  - Blood:  
  - Other: _____ (sputum is not appropriate for glucan testing)

### Fungal Molecular Tests
(please tick assay required)

- **Aspergillus PCR (respiratory samples):**  
  - Please state type of respiratory sample: __________

  Molecular resistance testing available upon request - please contact the laboratory