

TEST REQUEST & AGREEMENT TO PAY

National Mycology Reference Centre (NMRC)



These tests are not covered by Medicare and testing will not commence until this service agreement has been received by SA Pathology. This fee will be charged to the Referring Laboratory.

Testing will not commence unless ALL fields are completed.

SA Pathology orderables

SA Pathology
bar code

Patient details

Surname _____ Given Name _____
Sex Male Female _____ DOB / /
Address _____
Post Code _____

Referring Laboratory—responsible for payment

Referring Laboratory _____
Address _____ Post Code _____
Contact Person _____ Phone _____
Billing address _____ Post Code _____
Copy results to Dr: _____
Address _____ Provider No. _____

Sample details



Source—Clinical **Environmental**

Is the isolate a suspected Dimorphic fungus (e.g. *Coccidioides*, *Histoplasma*)? Yes No

Does the patient have suspected Dimorphic fungal infection or travel history to endemic regions of the Americas or South-east Asia? Yes No

If YES to either question call to discuss before submitting the isolate.

Referring Lab. ID _____ Isolation site _____
Clinical notes _____ Collection date / /

Tests requested (prices exclude GST*)

Note - It is SA Pathology policy to identify/confirm identity for all isolates submitted.

Yeast or mould identification (phenotypic methods only) — **\$95 per isolate**

Yeast or mould identification plus antifungal susceptibility testing — **\$196 per isolate**

Additional testing

DNA sequencing for species identification (if required). No Yes — **Add \$213 per isolate**

Declaration

This isolate has been packed according to IATA UN3373 requirements.

Name _____ Signature _____ Date / /

*Prices subject to change without notice

Enquiries 8222 3000

For our patients and our population

www.sapathology.sa.gov.au