

# 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.

### Patient details

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Sex  Male  Female \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

### Referring Laboratory—responsible for payment

Referring Laboratory \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Billing address \_\_\_\_\_

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 \_\_\_\_\_

Isolate Identification (if known) \_\_\_\_\_

### 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