

Molecular Fungal ID Lab Request Form



Patient MR#: <i>UF only</i>		Case #: <i>UF D-Lab use</i>	
Clinic Name:		Owner's Name:	Patient Name/ID:
Clinician Full Name (First/Last):		Species:	Breed: DOB/Age:
Address:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> M-Neut <input type="checkbox"/> Female <input type="checkbox"/> F-Spay <input type="checkbox"/> Unkn/Other	
City:	State:	Zip Code:	Email Address: <i>For lab results</i>
Phone:	Fax:	Email Address: <i>For invoicing, if different</i>	

Please submit a paraffin block + 1 H&E stained slide + 1 GMS/PAS stained slide OR stained cytology slides

Tissue Submitted:					
Sample Submitted:	<input type="checkbox"/> Paraffin Block	<input type="checkbox"/> Paraffin Scrolls	<input type="checkbox"/> Formalin Fixed <i>Add'l fees apply</i>	<input type="checkbox"/> Fresh/Frozen <i>Add'l fees apply</i>	
	Quantity:	Quantity:	Quantity:	Quantity:	
Slides Submitted:	<input type="checkbox"/> H&E	<input type="checkbox"/> GMS	<input type="checkbox"/> PAS	<input type="checkbox"/> Cytology	<input type="checkbox"/> Unstained Slide <i>Add'l fees apply</i>
	Quantity:	Quantity:	Quantity:	Quantity:	Quantity:

History:

Histological Findings and Diagnosis:

Please contact the Molecular Fungal ID Lab with any questions. Phone: (352) 294-4193, Email: fungal-id@ufl.edu

UFVH Office Use Only

Shipping Code <input type="checkbox"/> UCDEL <input type="checkbox"/> LPCRW\$ <input type="checkbox"/> LPCRWA	
Samples Rcvd.(tube type & quantity): _____	
<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Ambient <input type="checkbox"/> Ice Packs <input type="checkbox"/> Dry Ice <input type="checkbox"/> Leaking <input type="checkbox"/> Broken <input type="checkbox"/> Fixative	
Initials: _____	Date/Time Stamp: _____