MYCOLOGY (FUNGUS)

N.C. Department of Health and Human Services State Laboratory of Public Health

> 4312 District Drive • P.O. Box 28047 Raleigh, NC 27611-8047

| Please Give All Information Requested | | | | | | Attach Printed Label Below | | | | | |
|---------------------------------------|---|--|--|-----------------|--|----------------------------------|---|------------|---------------|--|--|
| Patient Information | Last Name | | | | | | | | | | |
| | First Name | | | | MI | | | | | | |
| | Maiden Name/Surname | | | | | | | | | | |
| | Address/Attention: | | | | | | | | | | |
| | Street Address: | | | | | Address 2: City: | | | | | |
| | State: Zip Code: County Co | | | ode: | | County Nan | ne: | Phone Nui | Phone Number: | | |
| | SSN:// | | | | | Medicaid Number (if applicable): | | | | | |
| | Medical Record Number: | | | Date | Date of Birth:/ | | | | | | |
| | Sex: Male Transgender M2F Female Transgender F2M Unknown Transgender Unknown Ambiguous | | | □ Wh □ Bla □ As | nite ack | Ala □ Na | nat apply): ☐ American Indian/ Alaska Native ☐ Native Hawaiian/ Pacific Isles ☐ Ethnicity: ☐ Hispanic or Latino Origin ☐ Non-Hispanic ☐ Unknown | | | | |
| Submitter | EIN: | | | Sub | Submitter Name: | | | | | | |
| | Address: | | | Address 2: | | | | City: | City: | | |
| | State: | | | Zip | Code: | | | County Na | County Name: | | |
| | Phone Number: | | | Em | Email Address: | | | Fax Number | Fax Number: | | |
| | Ordering Provider NPI: | | | | Ordering Provider First and Last Name: | | | | | | |
| Specimen | Collection Date:// | | | Rea | Reason for Testing (ICD-10 Dx Code): | | | | | | |
| | Specimen Type: | | | Sp | Specimen Source: | | | | | | |
| | □ Clinical Specimen | | | | □ Sputum □ Urine □ Bronchial □ Blood □ Other (specify) | | | | | | |
| | ☐ Isolated Organism* | | | | Exposure: | | | | | | |
| | *(describe) | | | Reg | Region of U.S | | | | | | |
| | | | | Tra | Travel outside U.S.? □ Yes □ No | | | | | | |
| | | | | Wh | Where? | | | | | | |
| | Examine For: | | | Lab | Laboratory Number: | | | | | | |
| | ☐ Actinomycetes | | | | | | | | | | |
| | □ Mold | | | | | | | | | | |
| | ☐ Yeast | | | | | | | | | | |
| | ☐ Both (Mold & Yeast) | | | | Do Not Write in this Space | | | | | | |