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| Title | Fungal / yeast isolate |
| Specimen Requirements | <ol style="list-style-type: none"> 1. Specimen type: Pure viable culture on appropriate agar medium (Sabouraud-Dextrose, BHI, Mycosel) slant. 2. One isolate per patient. 3. Temperature requirement: Ambient conditions. |
| Sampling Materials | <ol style="list-style-type: none"> 1. Sample Container: Appropriate agar medium slant in tube with screw-cap tightened or other similarly approved commercial transport medium. 2. Shipping boxes/containers with appropriate shipping labels, commercially available. |
| Procedural Notes | <ol style="list-style-type: none"> 1. Be sure to properly label the culture tube with the patient's name and date of isolation. 2. Check the expiration date on the tube to ensure the product is acceptable and will continue to be acceptable once received at the ISDH laboratory. 3. Category B UN3373, Triple contained in accordance with federal shipping regulations for infectious agents. If <i>Coccidioides</i> is highly suspected, package as Category A UN2814 according to federal shipping regulations for infectious agents. 4. Complete a Mycology Test Request form for each specimen with the following information: <ol style="list-style-type: none"> a. Patient name, age, and sex. b. Culture/specimen, date submitted/collected, source, medium type used for submission, suspected organism. c. Submitting facility information-clinic name, address, phone number, fax number, contact name, and email address (if available). d. Relevant comments which may include patient history or travel history within the specimen information section. 5. Specimen Handling: Infectious agent, Biosafety level 2, if <i>Coccidioides</i> is suspected handle in accordance with Biosafety level 3 containment. 6. Testing for suspected isolates of Blastomycosis, <i>Coccidioidomycosis</i>, and Histoplasmosis can be identified by GenProbe testing. 7. Contact the Mycology Lab 317-921-5844 for testing of other fungal agents not listed that may be available by special arrangement. |
| Shipping Instructions | <p>Ship To: Indiana State Department of Health Laboratories 550 West 16th Street Indianapolis, IN. 46202</p> <ol style="list-style-type: none"> 1. Package according to Category B UN3373 (see NOTE below) triple contained in accordance with federal shipping regulations for infectious substances/diagnostic specimens. 2. Tighten the specimen container tube caps. 3. Label clearly on each specimen tube with the patient name and isolation/collection date. 4. Wrap each labeled, primary/specimen container tube with absorbent material. Place each primary container tube with absorbent material into the inner mailing container and tighten the cap securely. 5. The completed submission/request form may then be wrapped around the sealed inner container and together placed securely into the outer shipping container. 6. Clearly label the outer container with the senders name/address and recipients name/address. 7. Do not send culture isolates on petri plates if submitting by mail. 8. Transport Temperature: Ambient conditions. <p>NOTE: If <i>Coccidioides</i> is suspected, then ship the isolate as Category A UN2814 and handle with Biosafety level 3 containment.</p> |

**Reporting
and TAT**

1. Reporting Method: Fax, phone, email, or Mail.
2. TAT: 9 days to 4 weeks.
3. Test Referral: Isolates may be sent to the CDC for final identification or other testing as needed.