



Mycology Request

Lab. Ref. No:

Sent by:		Patient:	
Signature.		Surname:	
Print Name.		Forename:	
Return address:	Guys	Date of Birth:	
	St T	Hospital Number:	
Date:		Previous Mycology Number:	
Provisional Diagnosis and Relevant History:		Sites to be Examined: <i>(Please be specific.)</i>	
Date Specimen Taken:			

DIRECT EXAMINATION:

Date:

Signature:

CULTURE RESULT:

Date:

Signature: