

**Reporting Title:** Fungal Culture, Blood**Performing Location:** Rochester**Specimen Requirements:**

Container/Tube:

Preferred: Green top (sodium or lithium heparin)

Acceptable: SPS

Specimen Volume: 4 mL

Pediatric Volume: 3 mL

Collection Instructions:

1. Send whole blood specimen in original tube. Do not aliquot.

2. SPS tubes are acceptable, but not preferred.

Note: SPS tubes must be clearly labeled as SPS. If label is obscured, sample may be cancelled, as ACD (also yellow top) is not an acceptable tube type.

**Specimen Minimum Volume:**

Adults: 3 mL

Pediatrics: 1 mL

**Forms:**

If not ordering electronically, complete, print, and send a Microbiology Test Request (T244) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole blood	Ambient (preferred)	7 days	
	Refrigerated	7 days	

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
FBL	Q00M0019	Specimen Source	Plain Text	No

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
FBL	Fungal Culture, Blood	Alphanumeric		601-5

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

87103-Blood  
87106-Id MALDI-TOF Mass Spec Yeast (if appropriate)  
87107-Id MALDI-TOF Mass Spec Fungi (if appropriate)  
87107-Fungal identification panel A (if appropriate)  
87107-Fungal identification panel B (if appropriate)  
87150-Identification rapid PCR coccidioides (if appropriate)  
87150 x 2- Identification Histoplasma/Blastomyces, PCR (if appropriate)  
87153-D2 fungal sequencing identification (if appropriate)  
87150- Id, Candida auris Rapid PCR (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
D2F	D2 Fungal Sequencing Identification			No	No (Bill Only)
FUNA	Fungal Ident Panel A			No	No (Bill Only)
FUNB	Fungal Ident Panel B			No	No (Bill Only)
LCCI	Ident Rapid PCR Coccidioides			No	No (Bill Only)
LCHB	Id, Histoplasma/Blastomyces PCR			No	No (Bill Only)
RMALF	Id MALDI-TOF Mass Spec Fungi			No	No (Bill Only)
RMALY	Id MALDI-TOF Mass Spec Yeast			No	No (Bill Only)

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Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
LCCA	Id, Candida auris Rapid PCR			No	No (Bill Only)

**Reference Values:**

Negative

If positive, notification is made as soon as the positive culture is detected or identified.