
Reporting Title: Fungal Culture, Routine**Performing Location:** Rochester**Ordering Guidance:**

Nocardia and the other aerobic actinomycetes are not fungi, therefore a fungal culture should not be ordered. However, these organisms grow well on mycobacterial medium. When infection with this group of organisms is suspected, order CTB / Mycobacteria and Nocardia Culture, Varies.

Shipping Instructions:

Specimen should arrive within 24 hours of collection.

Necessary Information:

Specimen source is required.

Specimen Requirements:

Preferred Specimen Type: Body fluid

Container/Tube: Sterile container

Specimen Volume: Entire collection

Preferred Specimen Type: Fresh tissue

Container/Tube: Sterile container

Specimen Volume: Pea size

Collection Instructions: Tissue should be placed in small amount of sterile saline or sterile water.

Specimen Type: Bone marrow

Container/Tube: Sterile container, SPS/Isolator system, or green top (lithium or sodium heparin)

Specimen Volume: Entire collection

Specimen Type: Respiratory specimen

Container/Tube: Sterile container

Specimen Volume: Entire collection

Acceptable Specimen Type: Swab

Sources: Dermal, ear, mouth, ocular, throat, or wound

Container/Tube: Culture transport swab (non-charcoal) Culturette or ESwab

Specimen Volume: Swab

Collection Instructions:

1. Before collecting specimen, wipe away any excessive amount of secretion and discharge, if appropriate.
2. Obtain secretions or fluid from source with sterile swab.
3. If smear and culture are requested or both a bacterial culture and fungal culture are requested, collect a second swab to maximize test sensitivity.

Specimen Type: Urine

Container/Tube: Sterile container

Specimen Volume: 2 mL

Collection Instructions: Collect a random urine specimen.

Specimen Minimum Volume:

Bone marrow or body fluid: 1 mL; Cerebrospinal fluid: 0.5 mL; Respiratory specimen: 1.5 mL; All other specimen types:
See Specimen Required

Forms:

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

Specimen Type	Temperature	Time
Varies	Refrigerated (preferred)	7 days
	Ambient	7 days

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
FGEN	Q00M0021	Specimen Source	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
FGEN	Fungal Culture, Routine	Alphanumeric		51723-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87102-Fungal culture, routine
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 x 2-Identification Histoplasma/Blastomyces, PCR (if appropriate)
87153-D2 fungal sequencing identification (if appropriate)

87176-Tissue processing (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)
TISSR	Tissue Processing			No	No (Bill Only)
RMALY	Id MALDI-TOF Mass Spec Yeast			No	No (Bill Only)
LCCA	Id, Candida auris Rapid PCR			No	No (Bill Only)

Reference Values:

Negative

If positive, fungus will be identified.