
Reporting Title: Fungal Smear**Performing Location:** Rochester**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

Specimen Type: Urine

Container/Tube: Sterile container

Specimen Volume: 2 mL

Collection Instructions: Collect a random urine specimen.

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 Minimum Volume:

Bone marrow, body fluid, or respiratory specimen: 0.2 mL; Any other specimen type: 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
FS	Q00M0023	Specimen Source	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
FS	Fungal Smear	Alphanumeric		658-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87206
87176-Tissue processing (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
TISSR	Tissue Processing			No	No (Bill Only)

Reference Values:

Negative