

1. DEMOGRAPHY				
Name:			R/N:	
I/C No.:			Ward/Clinic/Laboratory:	
Age:			Hospital:	
Gender: ☐ M ☐ F	Race: ☐ Malay ☐ Chinese ☐ Indian ☐ Others:		Specimen source:	
2. CLINICAL HISTORY & EXAMINATION FINDINGS:				
Diagnosis:			Duration of illness :	
Underlying illness : ☐ DM ☐ ESRF on dialysis ☐ Cancer , site : ☐ Chemotherapy ☐ HIV (CD4:..... , CD8:) ☐ Thalassemia transfusion dependant ☐ Hematological malignancy ☐ Organ transplant ☐ Bone marrow transplant ☐ Autoimmune disease ☐ Neutropenia ☐ Others:..... ☐ History of trauma/injury, site : ☐ Chronic corticosteroid use ☐ Tuberculosis ☐ Prolonged hospital stay				
Symptoms and Signs:	☐ Eye lesion/ corneal ulcer	☐ Cough	☐ Shortness of breath	☐ Lymphadenopathy
	☐ Blurring of vision	☐ Headache	☐ Bone lesions/pain, site:.....	☐ Loss of weight
	☐ Skin lesions, site :	☐ Seizures	☐ Joint lesions/pain. site:.....	☐ Loss of appetite
	☐ Onychomycosis	☐ Neck stiffness	☐ Fatigue and weakness	☐ Sepsis
	☐ Fever	☐ Hypotension	☐ Gastrointestinal symptoms, specify :	
	☐ Chills/rigors	☐ Hypertension	☐ Others :	
3. HIGH RISK SOCIAL HISTORY				
Occupation/hobby:		☐ Smoking ☐ Obesity ☐ Alcohol Abuse ☐ Drug Abuse ☐ Others:		
Contact with animals: ☐ Cat ☐ Dog ☐ Horse ☐ Cow ☐ Goat ☐ Bird ☐ Pig ☐ Rodents ☐ Reptiles ☐ Others:				
4. HISTORY OF INVESTIGATIONS				
☐ Full Blood Count at presentation: Hb:, Platelet:, TWC:, ANC:, Neutrophil %:, Lymphocytes %:				
☐ Culture and identification of specimen:				
☐ HPE of specimen:				
☐ Others investigations:				
Imaging Findings: ☐ X-ray ☐ Ultrasound ☐ CT ☐ MRI				
5. HISTORY OF TREATMENT (IF ANY)				
☐ Fluconazole, duration:, Date initiated:		☐ Deoxycholate Amphotericin B, duration:, Date initiated:		
☐ Ketoconazole, duration:, Date initiated:		☐ Lipid-formulation Amphotericin B, duration:, Date initiated:		
☐ Itraconazole, duration:, Date initiated:		☐ Terbinafine, duration:, Date initiated:		
☐ Caspofungin, duration:, Date initiated:		☐ Flucytosine, duration:, Date initiated:		
☐ Micafungin, duration:, Date initiated:		☐ Other Antifungals, duration:, Date initiated:		
6. TEST REQUIRED (PLEASE TICK)	☐ Fungal culture (for fresh clinical specimens only)			
	☐ Fungal identification (for pure clinical fungal isolate only)			
	☐ Fungal PCR (for fresh clinical specimens only)			
	☐ Anti-fungal susceptibility testing (for pure clinical yeast isolate only) -To provide identification test report if done			
	☐ Anti-fungal resistant gene detection for medical fungi (Research) – By consultation only			
7. SPECIMEN COLLECTION DATE		Date: Time:		
8. APPLICANT				
Date:				
Signature and stamp				