

**UNIVERSITY OF CALIFORNIA, DAVIS, COCCIDIOIDOMYCOSIS SEROLOGY LABORATORY  
REQUEST FORM**

**Send to:**

D. Pappagianis, M.D.  
P.O. Box 1440  
Davis CA 95617  
**(By mail)**

D. Pappagianis, M.D., Medical Microbiology (upin #A58780)  
School of Medicine, University of California (530) 752-1757  
W. Health Sciences Dr.  
Tupper Hall, Room 3144, Davis CA 95616-8645  
**(By courier)**

**REQUIRED INFORMATION:**

PATIENT NAME (Print) \_\_\_\_\_ ID No. \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B. \_\_\_\_\_ RACE \_\_\_\_\_ DATE OF ONSET OF ILLNESS \_\_\_\_\_

**REQUIRED:**

ORDERING DOCTOR \_\_\_\_\_ **REQUIRED:** DR.'S PHONE# \_\_\_\_\_ UPIN# \_\_\_\_\_ **REQUIRED FOR ALL INSURANCE BILLING**  
HAS THIS PATIENT BEEN PREVIOUSLY TESTED BY UCD COCCY SEROLOGY LAB? \_\_\_\_\_

IF YES, REPORT# \_\_\_\_\_ SAME NAME? \_\_\_\_\_ SPECIAL PRECAUTIONS REQUIRED? \_\_\_\_\_ SPECIFY \_\_\_\_\_

**INFORMATION ON SPECIMEN SUBMITTED:**

SERUM (draw date) \_\_\_\_\_ CSF (draw date) \_\_\_\_\_ specify LUMBAR, CISTERNAL, or VENTRICULAR

OTHER (Not Serum or CSF) Specify Source of specimen \_\_\_\_\_ (draw date) \_\_\_\_\_

**TEST(S) REQUESTED:**

\_\_\_\_\_ **Complement Fixation (CF)** (\$40.00), CPT (RVS) code = 86171 [quantitative IgG]  
(or **quantitative immunodiffusion**)

\_\_\_\_\_ **Immunodiffusion (ID)** (\$34.00), CPT (RVS) code = 86331 [qualitative for IgG and IgM]

\_\_\_\_\_ If immunodiffusion positive, please perform Complement Fixation test.

\_\_\_\_\_ At the discretion of Dr. Pappagianis.

**OPTIONAL INFORMATION:** (Please provide dates)

**Laboratory Results:**

ESR \_\_\_\_\_ TOTAL WBC \_\_\_\_\_ DIFF: Neut \_\_\_\_\_ Lymph \_\_\_\_\_ Mono \_\_\_\_\_ Eos \_\_\_\_\_ BLOOD GLUCOSE \_\_\_\_\_  
CSF: Glucose \_\_\_\_\_ Protein \_\_\_\_\_ cells \_\_\_\_\_ **Skin Tests:** Coccidioidin \_\_\_\_\_ Tuberculin \_\_\_\_\_  
Histo \_\_\_\_\_ Other \_\_\_\_\_ Coccy serologic results obtained elsewhere: ID \_\_\_\_\_ Latex \_\_\_\_\_ EIA \_\_\_\_\_

Brief History/Current patient status:

Anti-fungal Medications (include total dose to date and route):

Our written report of results to be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NO SELF-PAY  
ACCEPTED**

Billing to be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE - LABORATORY/FACILITY WILL BE BILLED UNLESS THE FOLLOWING IS INCLUDED: (1) ALL INSURANCE INFORMATION, INCLUDING GROUP #, ID #, AND ADDRESS. PLEASE SEND COPY OF INSURANCE OR MEDICAL/MEDICARE CARD. (2) PATIENT'S (a) NAME, (b) ADDRESS AND (c) DATE OF BIRTH. (3) DR.'S FULL NAME. (4) DR.'S UPIN #.**

**ATTACH COPY OF CARD OR STICKER FOR MEDICAL/MEDICARE/OTHER INSURANCE (WITH PATIENT ADDRESS)**

Full name of patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address or patient: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
<http://medmicro.ucdavis.edu>, click on "Coccidioidomycosis Serology" Info.on form effective 07/01/06

## **SUBMISSION OF SEROLOGICAL SPECIMENS FOR COCCIDIOIDOMYCOSIS SEROLOGY**

It is essential that **adequate** serum or other body fluid (3ml is the minimum) be submitted for initial and possible retest. Serum (not whole blood) should be separated aseptically, and sent in a sterile screw-capped container. If it is available, **aqueous thimerosal** (Merthiolate) can be added as a preservative.\* Specimens can be mailed by regular mail, i.e., first class. It is not necessary to send specimens refrigerated unless no preservative is added. For overnight deliveries a cold pack can be included. Sending specimens with dry ice is overly expensive and the refrigerant effect has usually dissipated by the time the specimen has reached us.

\*Add 1 part of aqueous 1:1,000 thimerosal to 9 parts of serum, CSF, etc.

*If repeat specimens are sent, the original information should not be repeated, merely a brief interval note relating developments since previous specimen(s); also, if on chemotherapy, total accumulated dosage (by route); if patient has meningitis, please include: cells, glucose, and protein and anatomical source: lumbar, cisternal, or ventricular. These interval notes with current status are important for interpretation.*

Cutaneous reactivity to coccidioidin is often established before humoral antibodies are detectable. However, if coccidioidomycosis is suspected, serum should be submitted regardless of skin test results.

We do not perform serological tests for histoplasmosis or blastomycosis. If you are in California, send such specimens to the Division of Laboratories, California State Department of Health Services, 2151 Berkeley Way, Berkeley, CA, 94704. If not in California, through your State Health Department to CDC, USPHS, Atlanta, Georgia.

In view of the potential infectiousness of sera or other body fluids that may contain hepatitis or other viruses, specimens should be sent as instructed by the Centers for Disease Control (Interstate Quarantine Regulations 42CFR, Part 72.25 Etiologic Agents):

1. Label each specimen bottle or tube with: **PATIENT NAME; TYPE OF SPECIMEN and DATE SPECIMEN COLLECTED.**
2. Tape bottle or tube with waterproof tape.
3. Place bottle or tube containing specimen in a **SECONDARY** leak-proof metal container with biohazard label.
4. Wrap completed request form around the secondary metal container, **NOT** around the specimen container.
5. Insert into outer (tertiary) cardboard mailer.
6. Ship by first class or courier service.
7. We do not accept specimens sent collect.

Specimens and relevant letters should be sent by mail to:

D. Pappagianis, M.D.  
P.O. Box 1440  
Davis, CA 95617

**OR** by courier to:

D. Pappagianis, M.D.  
Department of Medical Microbiology  
Room 3144, Tupper Hall  
School of Medicine  
University of California  
Davis, CA 95616

Telephone: (530) 752-1757

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