Mycology

St John's Institute Of Dermatology

St Thomas' Hospital

Westminster Bridge Road

London SE1 7EH

Tel: 020 7188 6400

Fax:020 7188 6258

Mycology Request

Lab. Ref. No:

Sent by:	**Patient:**
Signature. Print Name. Return address: Guys St T Date:	Surname: Forename: Date of Birth: Hospital Number: Previous Mycology Number:
Provisional Diagnosis and Relevant History: Date Specimen Taken:	Sites to be Examined: *(Please be specific.)*

DIRECT EXAMINATION:

Date: Signature:

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Tel: 020 7188 6400

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CULTURE RESULT:

Date:

Signature: