

**ALPHA LABS**

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**EUROArray DNA test for superficial fungal infection pilot study requisition**

Place Location #17 Barcode label here

CLINICIAN INFORMATION		CLINICAL INFORMATION / HISTORY	
		<b>Occupational Risk:</b>	<b>Recent Travel:</b>
		Any current known related medical conditions: <i>(please specify e.g. diabetes)</i>	
		Immunocompromised state:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Recent surgery:	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, time since:
<b>Clinician / Practitioner #:</b>		<b>RECURRENT FUNGAL INFECTION:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CPSO / Registration #:</b>		Duration of previous infection:	<input type="checkbox"/> 3 mths <input type="checkbox"/> 6 mths <input type="checkbox"/> Other
PATIENT INFORMATION		Previous culture results: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Last Name:</b>		Fungal culture result:	<input type="checkbox"/> Growth <input type="checkbox"/> No growth
<b>First Name:</b>		If positive please specify:	
<b>Health Card #:</b>		Past treatment: <input type="checkbox"/> Yes <i>(please specify)</i>	<input type="checkbox"/> No
<b>Date of Birth:</b> <i>(yyyy/mm/dd)</i>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Topical:	<input type="checkbox"/> Oral:
<b>Address:</b>		<input type="checkbox"/> Systemic:	<input type="checkbox"/> Other:
		CURRENT VISIT	
		<input type="checkbox"/> Inflammation:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked
<b>Tel No.:</b>	<b>Chart #:</b>	<input type="checkbox"/> Tenderness:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked
		<input type="checkbox"/> Discoloration:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked
<input type="checkbox"/> Hair (EURH) Site:		<input type="checkbox"/> Thickening of nail:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked
<input type="checkbox"/> Skin (EURS) Site:		<input type="checkbox"/> Other: <i>(please specify)</i>	
<input type="checkbox"/> Nail (EURN) Site:		Duration of current condition:	wks
<input type="checkbox"/> Other (EURO) Site:		Presumptive diagnosis:	
Collection Date: <i>(yyyy/mm/dd)</i>	Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Differential diagnosis:	
<input type="checkbox"/> Signed patient consent for participation in pilot study obtained <i>(please attach)</i>		Other non-lab tests ordered:	
<input type="checkbox"/> Completed OHIP Lab requisition for fungal culture <i>(please attach)</i>		Medication prescribed this visit for this condition:	
<b>CLINICIAN SIGNATURE</b>		Other medical services offered to patient:	
<b>Date:</b> <i>(yyyy/mm/dd)</i>		Follow-up visit booked:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evaluation pilot study period Feb 11, to Mar 31, 2020 (funded by Ontario MOH), followed by an extended evaluation study period (funded by Alpha) into fall of 2020. Alpha will provide one week's notice to all study investigators and participants in advance of the end of the pilot.		FOR LABORATORY USE ONLY	
		Place Microbiology Fungal Culture Accession label here	