Fungal Culture Test Report

| Patient information | | | | |
|---------------------------------|------------------------|---------------------------------|---------------------|--|
| Name | | | | |
| Gender | | Date of birth | | |
| Date of test | | Medical record number | | |
| Clinical history | | | | |
| | | | | |
| Specimen information | | | | |
| Specimen type | | Specimen source | | |
| Collection date | Received date | | Specimen ID | |
| Laboratory procedures | | | | |
| Specimen description | | Macroscopic examination results | | |
| Microscopic examination results | | Staining | | |
| Fungal culture details | | | | |
| Name of culture media | Incubation temperature | | Incubation duration | |
| Growth observed | | Identification | | |

| Antifungal susceptibility testing | | | |
|-----------------------------------|-------------------------|--|--|
| Methodology | Results | | |
| Conclusion | | | |
| | | | |
| Recommendations | | | |
| | | | |
| Additional notes | | | |
| | | | |
| Laboratory information | | | |
| Laboratory name | Laboratory technician | | |
| Report date | Report reference number | | |
| | | | |
| Name and Signature | Date | | |