



Biomnis

Clinical Information Form

Infectious serology

Parasitology: P 60181 Mycology: P 60184 Bacteriology: P 62085

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PATIENT DETAILS

First name(s):

Surname:

Date of birth: |_|_| |_|_| |_|_| |_|_|

Gender: F M

PRESCRIBING DOCTOR

Name of doctor:

Job number:

SAMPLER

Name:

Date: |_|_| |_|_| |_|_| |_|_|

Hour: |_|_| h |_|_| min

UF LABEL REQUESTING DEPARTMENT

CLINICAL INFORMATION (essential for interpretation)

REASON: Initial application Follow

Pregnancy: No Yes

If yes, date of last period/term:

.....

Immunosuppression: No Yes

If yes, please specify:

.....

Hypereosinophilia: No Yes

If yes, please specify:

..... G/I

Specify the suspected pathology:

.....

Travel: No Yes

Country visited:

Return date: |_|_| |_|_| |_|_| |_|_|

FUNGAL ANTIGEN TEST

SERUM

Aspergillus antigen (galactomannan)

Candida antigen (mannan)

Cryptococcal antigen

Beta - D - glucan

LBA

Aspergillus antigen (galactomannan)

Cryptococcal antigen

LCR

Aspergillus antigen (galactomannan)

Cryptococcal antigen

TESTING FOR PARASITIC OR FUNGAL ANTIBODIES

SERUM

Amoebosis

Anguillulosis

Anisakiasis

Aspergillosis

Biharziosis

Candidiasis

Cysticercosis

Distomatosis

Filariasis

Echinococcosis
(hydatid, alveolar)

Histoplasmosis

Leishmaniasis

Lung disease
farmer

Bird breeders
birds

Malaria

Taeniasis

Toxocariasis

Toxoplasmosis

Trichinellosis

Trypanosomiasis

African

American

EYE

Aqueous mood

Vitré

Cysticercosis

Toxocariasis (LMV)

Toxoplasmosis

LCR

Cysticercosis

Histoplasmosis

Toxocariasis (LMV)

African trypanosomiasis

These analyses are forwarded to the Pitié-Salpêtrière / Charles Foix University Hospitals.