

**TEST CHANGE** 

Antimicrobial Susceptibility - Fungal (Yeasts and Molds) 2009257, MA FUNGAL

| Specimen Requirements:   |  |
|--------------------------|--|
| Patient Preparation:     |  |
| Collect:                 | Actively growing isolate in pure culture.  |
| Specimen Preparation:    | Transport sealed container with pure culture on agar slant.<br>Place each specimen in individually sealed bag. |
| Transport Temperature:   | Room temperature.  |
| Unacceptable Conditions: | Mixed cultures or <u>nonviable</u> non-viable organisms.   |
| Remarks:                 | Isolate identification and specimen source required.   |
| Stability:               | Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Unacceptable  |
| Methodology:             | Broth Microdilution  |
| Performed:               | Sun-Sat  |
| Reported:                | 2- <u>21</u> +2 days   |
| Note:                    | Vitreal Penetration: Systemic administration of echinocandins  |

Vitreal Penetration: Systemic administration of echinocandins is not recommended for ocular infections because it has minimal tissue penetration. Consult ophthamology, pharmacy, or infectious disease service for guidance. CSF Penetration: The echinocandins have suboptimal pentration in CSF and CNS tissues. Consult the pharmacy and/or infectious disease service for additional guidance. Urine Penetration: ONLY fluconazole and flucytosine (note that the lack of detectable urine concentrations does not necessarily preclude use of other drugs when the infection involves the renal parenchyma). Liquid formulations of amphotericin B do not achieve adequate urine concentrations and should not be used to treat UTIs. 5fluorocytosine: 5-FC should not be used as monotherapy for severe Candida infectionus because resistance can develop rapidly. It should be used rarely in neonates. Selective reporting by organism and source. The following antifungal agents are tested: Amphotericin B, anidulafungin, caspofungin, fluconazole, 5-fluorocytosine, itraconazole, isavuconazole, micafungin, posaconazole, and voriconazole. Penicillium species MIC will only be tested with ARUP medical <u>director</u> Medical Director approval. Susceptibility testing for

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dermatophytes and dimorphic fungi is not performed at ARUP. If requested, isolates will be sent to the Fungus Testing Laboratory, San Antonio, TX. Specify agents to be tested on the susceptibility test requisition form. Testing is not performed on isolates from environmental sources. An additional processing fee will be billed for all organisms not submitted in pure culture, as indicated in the specimen requirements. If species identification is not provided, identification will be performed at ARUP. Additional charges apply. An additional charge will be added to requests for drug testing not performed at ARUP and require isolate sendout.

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CPT Codes: 87186

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Refer to report.

Reference Interval:

Susceptible, intermediate, SDD (susceptible dose dependent), or resistant. MICs (minimum inhibitory concentrations) interpretations are based on current CLSI guidelines. MECs (minimum effective concentration) without interpretation are reported for select mold species only.